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ENDEMIC GOITER AND INTELLIGENCE

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INTRODUCTION

As additional thyroid surveys have been made and unexpected distributions of endemic goiter have been discovered, interest in the prevention and cure of this malady has steadily increased. A portion of this interest has been directed to the determination of the effects of endemic goiter. Quite naturally there has been considerable surmise, as well as some earnest study, concerning the effects of this condition upon mentality. As a result of this consideration of the subject there is now a fairly wide impression that simple goiter produces mental subnormality and retardation.

If it is true that goiter exerts a definitely detrimental effect upon mentality, the prevention of this condition assumes an even greater importance than has heretofore been ascribed to it. Conversely, if this observation is erroneous, the need for intensive goiter prophylaxis is somewhat lessened. Under the circumstances it appears desirable to determine as accurately as possible just what are the detrimental effects of endemic goiter. If investigations to determine these effects are pursued with reasonable zeal and thoroughness, it will undoubtedly be possible to sidetrack mere assumption, thereby permitting concentration upon more important phases of the general problem.

The present study touches but one phase of the goiter problem—the effect of endemic goiter upon the intelligence of school children. The findings, being based upon a limited number of pupils in a single community, at one level of school advancement, can scarcely be accepted as positively indicative of conditions in all sections of the country. Before hard and fast conclusions concerning this interesting subject can be drawn, it is manifestly desirable that similar investigations be undertaken in other parts of the country on a more extensive scale and possibly with different methods. Moreover, such studies might well be conducted in regions of considerable goiter endemicity.

1. NATURE OF THE PRESENT INVESTIGATION

Source of the material.—The data for the study were obtained through two independent investigations, one of which was the thyroid survey made in Cincinnati by the Public Health Service in

1923-24. The methods employed in examining and the standards used in classifying the thyroid enlargements were presented in detail in a special publication.¹

While the thyroid survey was being made, group intelligence tests were being applied independently to the children in the sixth grade throughout the city. These tests were made by the staff of the Psychological Laboratory of the Vocation Bureau in the Cincinnati public schools. For several years the Vocation Bureau has given group intelligence tests to approximately the entire group of sixth-grade pupils. Various tests have been used for this purpose, but in the present instance the Otis advanced examination was utilized.

Scope of the study.—The present study is concerned primarily with the determination of whether any relationship exists between the size of the thyroid and what has been variously designated as intelligence, brightness, or mental alertness. It does not touch upon the relationship of such mental conditions as nervousness, emotional disturbance, psychopathic trends, or disturbances of personality. Two indices of intelligence have been utilized: First, school retardation or advancement as indicated by the ages of the children in a given school grade; and second, the record made in a standard group test designed to measure intelligence or brightness.

Significance of chronological age data.—Since the children observed were all in the same grade, the sixth, their ages are indicative of their degree of retardation or advancement in school. The younger children are the more advanced educationally, while the older are the more retarded. Furthermore, there is much evidence that the younger children in any given grade are, in general, brighter than the older children in the same grade. While level of school advancement, considered alone, is far from being a reliable diagnostic measure of brightness, it is now well established that dullness is the most important single factor in producing school retardation. Within any given grade it has been found repeatedly that the younger children make, on the average, the better records in intelligence tests. Furthermore, the actual level of their educational attainments tends to be higher than that of the older children. As a rough basis of comparison, therefore, the ages of the children in the present study give a clue to their brightness or dullness. While less exact and reliable than the findings of the intelligence tests, the chronological age data are important as supplementary and confirmatory evidence.

Special caution must be observed, however, in interpreting comparisons involving age differences with such a group as the one under consideration, which consists of children of a single school grade. Since the age groups have not been obtained by random sampling,

¹ Olesen, Robert: Thyroid Survey of 47,493 Elementary-school Children in Cincinnati. *Pub. Health Rep.*, vol. 39, No. 30, pp. 1777-1802 (July 25, 1924.) Reprint No. 941.

but through a process of school selection largely influenced by brightness, age differences signify both differences in brightness and differences due to age alone. If both brightness and age are factors of importance in relation to thyroid enlargement, the fact that age as used in the present study involves both factors would make the interpretation of findings based on age especially difficult. If the children of the study represented not one cross section of the school population but several such cross sections, it would be more feasible to isolate the factors due to differences in brightness and age as in dependent variables. Under the conditions of the present study one factor may operate either to exaggerate the influence of the other or to obscure it.

Significance of intelligence tests.—In view of the extensive literature now available, both descriptive and controversial, regarding intelligence tests, it is unnecessary to discuss this source of evidence. Those interested in the significance and development of mental testing are referred to studies bearing on one or another aspect of this subject, prepared by Terman,² Pintner,³ Yoakum and Yerkes,⁴ and Dolan,⁵ as well as to the comprehensive bibliographical references which these studies contain. The authors of the present article believe that the data supplied by carefully constructed and standardized tests are the best means now available for gauging the comparative intellectual endowment of various groups.

Group intelligence tests, or those designed for application to individuals in groups rather than singly, appear to be less reliable for purposes of individual diagnosis than individual tests of the Binet-Simon type, although the correlations between the two types of tests are high. Since the application to men in the Army of group intelligence tests, their serviceability for securing rapid, extensive, and objective indices of mental capacity has been increasingly recognized. Their advantage over any form of individual examination lies in the saving of time. This advantage serves to compensate for the somewhat greater chance for error in certain individual performances in group tests as compared with individual examinations.

The Otis test.—The Otis advanced examination, which was used in the present study, has proved to be a satisfactory means of measuring children at this level of school advancement. It was prepared and standardized by Dr. Arthur S. Otis, a recognized authority in this field of measurement. The examination consists of 10 separate tests, printed in the form of an examination booklet. The tests are administered consecutively with rigidly enforced time limits. In

² Terman, L. M.: *The Measurement of Intelligence*. Houghton, Mifflin Co., Boston.

³ Pintner, Rudolf: *Intelligence Testing*. Henry Holt & Co., New York.

⁴ Yoakum, C. S., and Yerkes, R. M.: *Army Mental Tests*. Henry Holt & Co., New York.

⁵ Dolan, Helen H.: *Developments in the Field of Mental Testing*. Pub. Health Rep., vol. 38, No. 40 (Oct. 3, 1924). Reprint No. 901.

giving the examination to the sixth-grade school children in Cincinnati, Otis's instructions were followed exactly. For the details of this procedure the reader is referred to the manual of directions prepared by the author.⁸

Expression of results.—The results of an examination of this type may be expressed in several different ways. The most direct result is the total score, which is obtained by adding together the scores of the 10 separate tests. The total score, however, must be interpreted through comparison with norms established for the given test before it gives a rightful indication of the child's level of intelligence or his degree of brightness.

The percentile rank is the measure of brightness which has been employed in the present study. Norms are presented by Otis, which show the records made by standard groups of children of given ages. To determine the percentile rank of a given child, his performance is compared with that of the standard group of children of the same age in such a way that his position in this group is found. A given percentile rank tells directly what the child's standing is in relation to the group for which the norms have been established. Thus a percentile rank of 10 indicates that an individual exceeds 10 per cent of the standard group, and is surpassed by 90 per cent of this group. Children who are average or normal in intelligence as compared with other children of their own ages have percentile ranks around 50. Ranks above 50 indicate some degree of superiority as compared with the standard group, and ranks below 50 express some degree of inferiority.

It is important to bear in mind that the age norms with which the sixth-grade children of this study have been compared do not represent the attainments of children of the various ages in the sixth grade, but rather the standings of children of the given age, assembled in correct proportions from grades above and below as well as for that grade. Since, as has been pointed out, the younger children in any given grade are, on the whole, the brighter, it may be expected that the younger children in the sixth grade will show a preponderance of percentile ranks above 50 and that the older children will show the reverse tendency, namely, a preponderance of percentile ranks below 50. Furthermore, the farther the group departs from the average for the grade, the farther does the average percentile rank of this group deviate from 50.

2. RESULTS

In the following section the results of the study are set forth by means of tables, charts, statistical constants, and explanation of the data.

⁸ Otis Group Intelligence Scale, Manual of Directions; 1921 revision. World Book Co.

In the presentation of the available data, certain material descriptive of the group under consideration will first be offered. Thereafter the data will be analyzed to determine the possible relationship between thyroid enlargement and mentality.

Number, sex, and color of children.—At the time when the thyroid examinations were made and the mental tests applied, all of the children were in the sixth grade, having completed seven or eight months of the school year. Of the total number of 3,796 children examined, 1,728 were white boys and 1,630 were white girls, while 174 were colored boys and 264 were colored girls. Owing to the small number of colored children included in the survey it is not possible to do more than indicate the general trend of relationship between their thyroid findings and the data bearing upon intelligence. Among the white children, however, it is possible to make more detailed comparisons according to the ages of the children.

Age distribution.—The ages of the children included in the investigation, as well as the percentage of children at each age period, are set forth in Table 1, and graphically in Chart 1. The ages may be considered as taken April 1, since the examinations were made within a range of less than a month before or after that date. The age given is that of the nearest birthday. Accordingly, the age of 10 means that the age of the child was between $9\frac{1}{2}$ and $10\frac{1}{2}$ years and similar meaning is intended for other ages.

TABLE 1.—*Age, sex, and color of 3,796 children included in the goiter-intelligence study, from the sixth grade of the Cincinnati public schools, according to numbers and percentages*

Age	White				Colored			
	Boys		Girls		Boys		Girls	
	Number	Percent- age	Number	Percent- age	Number	Percent- age	Number	Percent- age
9								
10	6	0.4	2	0.1			2	0.7
11	147	8.5	183	11.2	4	2.3	10	3.8
12	628	36.3	699	42.8	17	9.8	42	15.9
13	444	25.7	427	26.4	29	16.6	64	24.2
14	271	15.7	188	11.5	54	31.1	50	22.4
15	180	10.4	92	5.6	45	25.8	55	20.9
16	47	2.7	24	1.5	21	12.1	22	8.3
17	5	0.3	3	0.2	4	2.3	10	3.8
Total	1,728	100.0	1,630	100.0	174	100.0	264	100.0

The median ages of the various groups are of interest as indicating the central tendencies. These medians are as follows:

Group	Median ages
White boys	Years 12.7
White girls	12.4
Colored boys	14.2
Colored girls	13.7
Entire sixth-grade group	12.7

Thyroid findings.—In Table 2 are shown the number and percentage of each degree of thyroid enlargement among the 1,728 white boys and 1,630 white girls included in the survey. From this study it will be seen that 436, or 25.2 per cent, of the thyroids of the boys were enlarged to some discernible extent. Among the girls there were 642 thyroid enlargements, a percentage of 39.4. Owing to the comparatively small number of colored children included in the survey no separate tabulations have been made for them. However,

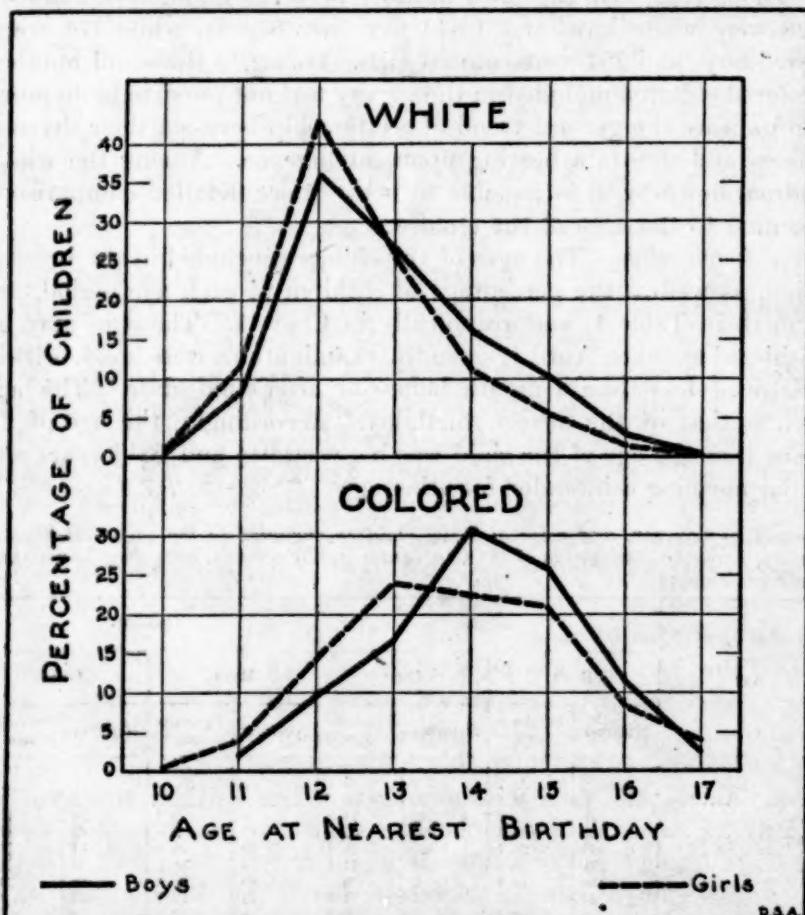


CHART 1.—Percentage distribution of 3,796 children—1,728 white boys and 174 colored boys, and 1,630 white girls and 264 colored girls—in the sixth grade of the Cincinnati public schools, according to age, sex, and color.

among the colored boys there were 42, or 24.1 per cent, with enlarged thyroids, and 137, or 51.9 per cent, with enlarged thyroids among the colored girls, the last figure exceeding the percentage prevalence among the white girls.

A further point of interest in Table 2 is the decline in the amount of thyroid enlargement among the white boys after the age of 11 years. Among the white girls, on the other hand, there is a steady increase in thyroid enlargement after the same age.

TABLE 2.—Number and percentage of each degree of thyroid enlargement among 1,728 white boys and 1,630 white girls in the sixth grade of the Cincinnati public schools.¹

NUMBER OF CHILDREN

Thyroid status	All ages		Age 11		Age 12		Age 13		Age 14		Age 15	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total	1,728	1,630	147	183	628	699	444	427	271	188	180	92
Normal	1,292	988	104	123	460	423	323	252	201	115	148	50
Enlarged	436	642	43	60	150	276	121	175	70	73	32	42
Slight	378	486	39	43	139	217	106	140	58	50	26	27
Moderate	42	103	4	12	16	40	10	22	7	14	4	12
Marked	16	53	—	5	4	19	5	13	5	9	2	3

PERCENTAGE OF CHILDREN

Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Normal	74.8	60.4	70.8	67.2	74.7	60.5	72.8	59.0	74.2	61.2	82.2	54.4
Enlarged	25.2	39.4	29.2	32.8	25.3	39.5	27.3	41.0	25.8	38.8	17.8	45.6
Slight	21.9	29.8	26.5	23.5	22.1	31.1	23.9	32.8	21.4	26.6	14.5	29.3
Moderate	2.4	6.3	2.7	6.8	2.6	5.7	2.2	5.1	2.6	7.4	2.2	13.0
Marked	.9	3.3	—	2.7	.6	2.7	1.1	3.0	1.8	4.8	1.1	3.3

¹ 58 boys and 41 girls below 11 and above 15 years of age are not shown separately in the table.

Degrees of thyroid enlargement.—In classifying the degrees of thyroid enlargement encountered during the study, use was made of the standards evolved during the Cincinnati survey. In this system progressively larger thyroids are represented by the numerals 1, 2, 3, 4, and 5, indicating, respectively, "very slight," "slight," "moderate," "marked," and "very marked" sizes over what is assumed to be normal. However, owing to the relatively small number of enlargements of the greater sizes in the present study, only three grades have been utilized. "Very slight" and "slight" enlargements have been combined in one group, "moderate" thickenings in another, and "marked" and "very marked" swellings have constituted a third class.

In Table 2 the marked preponderance of all degrees of enlargement among the girls is clearly shown, particularly in the thickenings of greater size. The greatest number of enlargements is that including the very slight and slight forms, which prevails to a slightly greater extent among the girls than among the boys. When enlargements of greater size are considered, the disparity becomes increasingly great, being several times more frequent among the girls. It will be noted that the "slight" "moderate," and "marked" enlargements prevail to the extent of 21.9, 2.4, and 0.9 per cent among the boys, as against 29.8, 6.3, and 3.3 per cent among the girls.

Median ages and thyroid status.—As previously explained, chronological age data are subject to certain limitations when used as an index of brightness in such a study as the present. Nevertheless, utilization of this material should bring to light any marked tendencies toward variations in intelligence between thyroid-normal groups and those with thyroid enlargements. Therefore, in Table 3 the median ages have been computed for the sixth-grade children according to sex, color, and presence or absence of thyroid enlargement. For the white boys and girls, medians have also been given

for the various degrees of thyroid enlargement, though the numbers having marked enlargement are so small as to render the findings based on these groups questionable. The actual numbers of enlargements of each degree are shown in Table 2. The thickenings of the thyroid among the colored children are too few in number to warrant the preparation of medians for the several degrees of involvement.

TABLE 3.—*Median ages of 3,796 children—1,723 white boys and 174 colored boys, and 1,630 white girls and 264 colored girls, respectively—in the sixth grade of the Cincinnati public schools, according to sex, color, and degree of thyroid enlargement*

Sex and color	Thyroid status				
	Normal	Enlarged			Marked
		Total	Slight	Moderate	
White boys	12.7	12.6	12.6	12.6	13.3
White girls	12.3	12.4	12.4	12.5	12.7
Colored boys	14.3	13.9			
Colored girls	13.7	13.8			

Consideration of Table 3 shows that the age differences between the thyroid-normal and the thyroid-enlarged children of this group are slight and not consistent in direction. Among both white and colored boys the median ages are less among those with thyroid enlargements than among the normal ones. With the girls the shade of difference is in the reverse direction. Both white boys and white girls with marked enlargements show higher median ages than do those with slight enlargements or with normal thyroids. However, the number of children with marked thyroid involvement is so small that the significance of these figures is questionable. It appears, therefore, that the age data for the children of this group do not throw an appreciable amount of light on the problem of the relationship in question.

Utilization of percentile ranks.—The principal data on which is based the attempt to discover whether there are differences between thyroid-normal and thyroid-enlarged children are the results of the intelligence tests. As previously explained, the index of brightness which has been used is the percentile rank, indicating the relative standing of a given child as compared with those of a representative group of unselected children of the same age. Table 4 represents the distribution of percentile ranks for the various groups of children, classified according to age and thyroid condition. In order to simplify the comparisons as much as possible, only two degrees of thyroid enlargement have been scheduled. "Very slight" and "slight" degrees have been combined and designated as "slight," while "moderate," "marked," and "very marked" thickenings have been combined and termed "marked." The percentile ranks have been grouped by twenties between 0 and 100.

TABLE 4.—Percentile ranks of 1,292 thyroid-normal and 456 thyroid-enlarged white boys and 988 thyroid-normal and 642 thyroid-enlarged white girls in the Cincinnati public schools, at each age between 11 and 15 years, with number, percentage, and total of each degree of thyroid enlargement.¹

Thyroid status	Percentile ranks of boys										Percentile ranks of girls													
	Number					Percentage					Number					Percentage								
	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99
ALL AGES																								
Total	1,725	323	425	362	223	100.0	18.0	7	21.0	22.6	13.1	1,630	260	353	390	346	291	160.0	15.3	21.6	23.9	21.2	17.9	
Normal	1,292	236	309	287	200	170	100.0	18.3	23.9	22.2	13.2	988	158	200	222	214	185	100.0	16.0	21.3	22.4	21.7	18.7	
Enlarged	466	87	116	75	166	58	100.0	19.9	26.6	17.7	18.3	642	92	144	168	132	106	100.0	14.4	22.4	20.6	20.6	16.5	
Slight	373	76	97	66	86	43	100.0	20.1	25.7	17.4	22.8	496	63	107	135	101	80	100.0	12.9	22.0	27.8	20.8	16.5	
Marked	58	11	19	9	14	5	100.0	10.0	32.8	15.5	24.1	8.6	156	29	37	33	31	26	100.0	18.6	23.7	21.1	19.9	16.7
11 YEARS																								
Total	147	1	6	23	47	70	100.0	0.7	4.1	15.6	32.0	47.6	183	1	4	26	50	100	100.0	0.5	3.2	14.0	27.4	54.7
Normal	104	1	4	13	36	50	100.0	1.0	3.6	12.5	34.7	48.0	123	1	2	19	32	67	100.0	0.9	3.3	15.4	26.0	54.4
Enlarged	43	2	10	11	20	100.0	4.6	23.3	35.5	46.6	60	63	60	2	2	7	18	33	100.0	-----	3.4	11.8	29.8	55.0
Slight	39	2	9	10	15	100.0	-----	4.2	23.0	25.7	46.1	43	43	43	2	4	13	24	100.0	-----	4.7	9.4	30.2	55.7
Marked	4	-----	1	1	2	1	100.0	-----	25.0	50.0	50.0	17	17	17	-----	3	5	9	100.0	-----	-----	17.6	20.5	52.9
12 YEARS																								
Total	628	15	80	174	224	126	100.0	2.3	14.1	27.7	36.7	20.2	690	16	100	208	214	161	100.0	2.3	14.3	29.7	30.7	23.9
Normal	469	6	61	140	163	99	100.0	1.3	18.0	20.8	34.8	21.1	423	13	60	121	128	101	100.0	3.0	14.2	28.6	30.3	23.9
Enlarged	159	9	25	34	61	27	100.0	5.7	17.7	21.4	38.3	27.6	376	3	40	72	68	44	100.0	1.1	14.5	31.5	31.2	21.7
Slight	139	8	26	28	52	25	100.0	5.7	18.7	20.3	37.4	18.0	217	2	31	59	1	15	100.0	1.9	14.3	33.2	31.3	20.3
Marked	20	1	2	6	9	2	100.0	5.0	10.0	30.0	45.0	10.0	59	1	9	15	16	100.0	1.7	15.3	25.4	30.5	27.1	

¹ 58 boys and 41 girls below 11 and above 15 years of age are not shown separately in the table.

TABLE 4.—Percentile ranks of 1,292 thyroid-normal and 456 thyroid-enlarged white boys and 988 thyroid-normal and 642 thyroid-enlarged white girls in the Cincinnati public schools, at each age between 11 and 16 years, with number, percentage, and total of each degree of thyroid enlargement—Continued

Thyroid status	Percentile ranks of boys										Percentile ranks of girls													
	Number					Percentage					Number					Percentage								
	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99	Total	0-19	20-39	40-59	60-79	80-99
13 YEARS																								
Total	444	56	162	110	93	23	100.0	12.7	30.5	24.7	20.9	5.2	427	63	150	118	68	19	100.0	14.7	37.3	27.6	15.9	4.5
Normal	323	35	116	87	69	16	100.0	10.8	36.0	29.9	21.3	5.0	252	39	95	63	45	10	100.0	15.5	37.7	25.0	17.8	4.0
Enlarged	121	21	46	28	24	7	100.0	17.4	38.0	26.0	19.9	5.7	175	24	64	55	23	9	100.0	13.7	36.5	31.4	13.2	5.2
Slight	106	17	40	22	21	6	100.0	16.1	37.7	20.8	19.8	5.6	140	21	49	44	18	8	100.0	16.1	35.0	12.4	12.8	5.7
Marked	15	4	6	1	3	1	100.0	26.6	40.0	6.7	20.0	6.7	35	3	15	11	5	1	100.0	8.6	42.9	31.4	14.3	2.8
14 YEARS																								
Total	271	97	169	39	22	4	100.0	35.8	40.2	14.4	8.1	1.5	188	78	64	35	9	2	100.0	41.5	34.1	18.6	4.8	1.0
Normal	201	63	83	32	19	4	100.0	31.4	41.2	15.9	9.5	2.0	115	54	39	18	4	2	100.0	46.9	33.9	15.7	3.5	—
Enlarged	70	34	26	7	3	—	100.0	48.6	37.1	10.0	4.3	—	73	24	25	17	5	2	100.0	32.9	34.3	23.3	6.9	2.6
Slight	58	31	19	6	2	—	100.0	53.4	32.8	10.4	3.4	—	50	15	17	14	2	2	100.0	30.0	34.0	28.0	4.0	4.0
Marked	12	3	7	1	1	—	100.0	25.0	58.4	8.3	8.3	—	23	9	8	3	3	—	100.0	39.2	34.8	13.0	13.0	—
15 YEARS																								
Total	180	111	41	15	2	1	100.0	61.6	28.3	8.3	1.2	0.6	92	65	22	2	3	—	100.0	70.0	23.9	2.2	3.2	—
Normal	148	92	39	14	14	2	100.0	62.2	26.3	9.4	1.4	—	50	37	10	—	3	—	100.0	74.0	20.0	—	0.0	—
Enlarged	32	19	12	1	1	—	100.0	59.4	37.5	3.1	—	—	42	28	12	2	—	—	100.0	66.7	28.6	4.7	—	—
Slight	26	17	8	1	1	—	100.0	65.3	30.8	3.9	—	—	27	18	8	1	—	—	100.0	66.7	29.6	3.7	—	—
Marked	6	2	4	—	—	—	100.0	33.3	66.7	—	—	—	15	10	4	1	—	—	100.0	66.7	26.7	6.6	—	—

Distribution of percentile ranks.—Examination of the distribution of percentile ranks for the various age groups affords interesting confirmation of the assumptions which have been made regarding the relative brightness in these groups. Thus, the younger children attain, as a rule, much higher percentile ranks than the older ones. These facts are clearly demonstrated in the chart which has been prepared to illustrate the percentile ranks of white boys and girls (Chart 2). No chart has been prepared to show the results of intelligence tests among the colored children because their number is too small to permit of accurate plotting. However, the same general tendencies hold among the colored as among the white children. Chart 2 shows clearly the differences in massing of percentile ranks for the various age groups. The changes which take place between the ages of 11 and 15 are interesting. For the 11-year group there is a marked trend toward the higher ranks. With each successively higher age period the percentages of children with higher ranks become progressively less. In other words, the highest portion of the curve has shifted until at the age of 15 years it is quite the reverse of what it was at 11 years.

Similar evidence is adduced from the median percentile ranks. The trend toward reduction in the medians as successively higher ages are reached is striking and consistent. These medians are shown in Table 5.

Coming to a comparison of percentile ranks of thyroid-normal and thyroid-enlarged children, it does not appear, from the curves in Chart 2, that the differences are sufficiently marked to warrant the conclusion that one group is endowed with keener mentality than the other. The chart shows decided similarities for the two groups at each age period, with relatively few fluctuations or striking peculiarities.

The percentage distribution of the entire group of thyroid-normal and thyroid-enlarged white boys and girls, according to percentile rank, is shown in Chart 3. It will be noted that these curves also observe similar trends and that the differences between the normal and thyroid groups are too slight to be recorded as significant.

Median percentile ranks.—The median percentile ranks of children with normal-sized thyroids and those with enlargements have been compared in Table 5. For the white boys and girls the comparison has been made for each of the age periods as well as for the total numbers. This has not been done for the colored children because of the small number dealt with. Table 5 reveals, in the first place, that the majority of differences in median percentile ranks between thyroid-normal and thyroid-enlarged groups are very small. In the second place, it fails to show any consistent direction of difference.

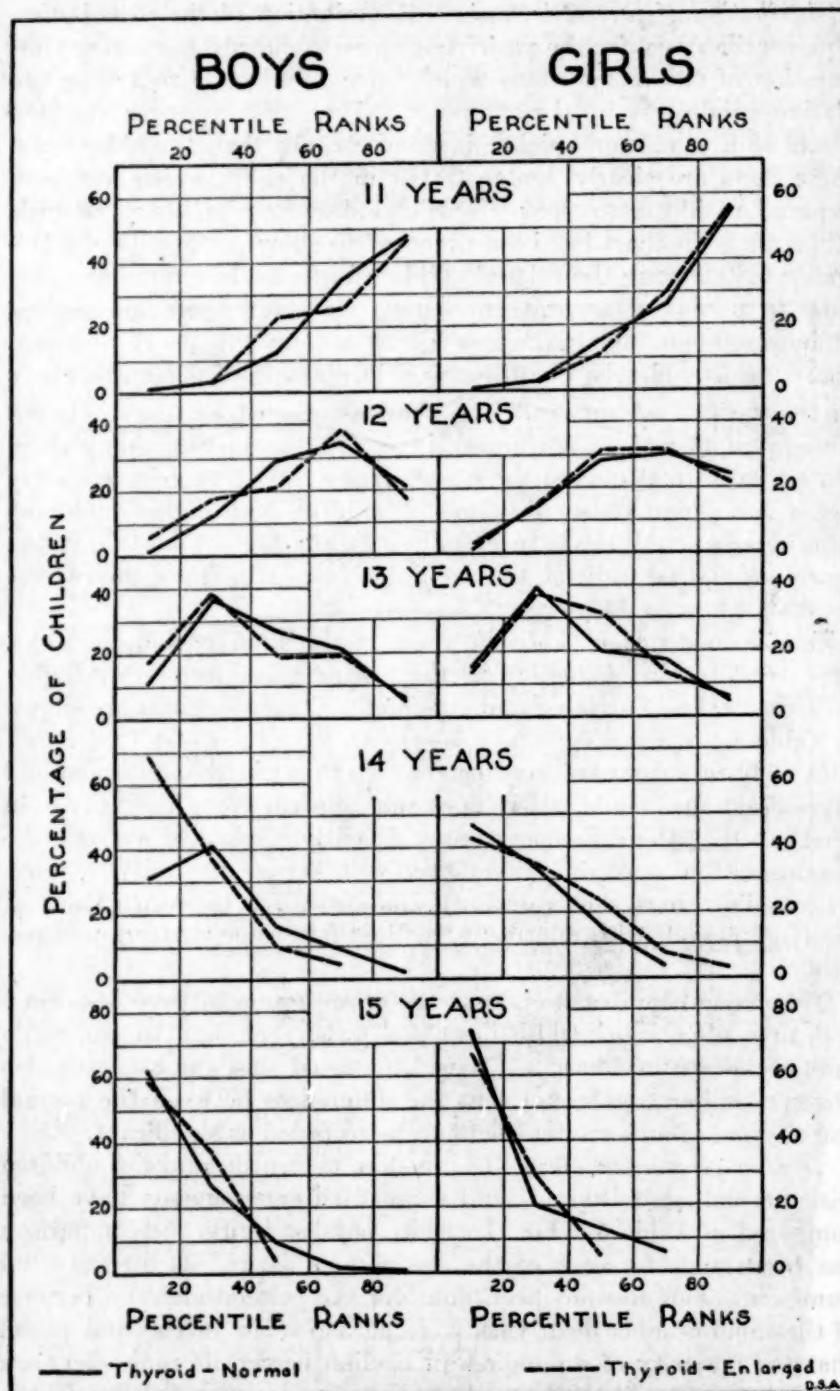


CHART 2.—Percentage distribution of 1292 thyroid-normal white boys and 988 thyroid-normal white girls, and 436 thyroid-enlarged white boys and 642 thyroid-enlarged white girls in the sixth grade of the Cincinnati public schools, at ages between 11 and 15 years, according to percentile ranks

Among the white boys and girls the slight advantage is in favor of the thyroid-normal group, while among the colored boys and girls the advantage, which is larger, is in the opposite direction. In the various age groups of the white children there is also lack of consistency in direction. All the age groups among the boys are consistent in showing whatever advantage exists to be in favor of the thyroid-normal group. In the case of the girls, on the other hand, the situation is reversed, except in the instance of the 12-year group, which is sufficiently large to swing the total slightly in that direction.

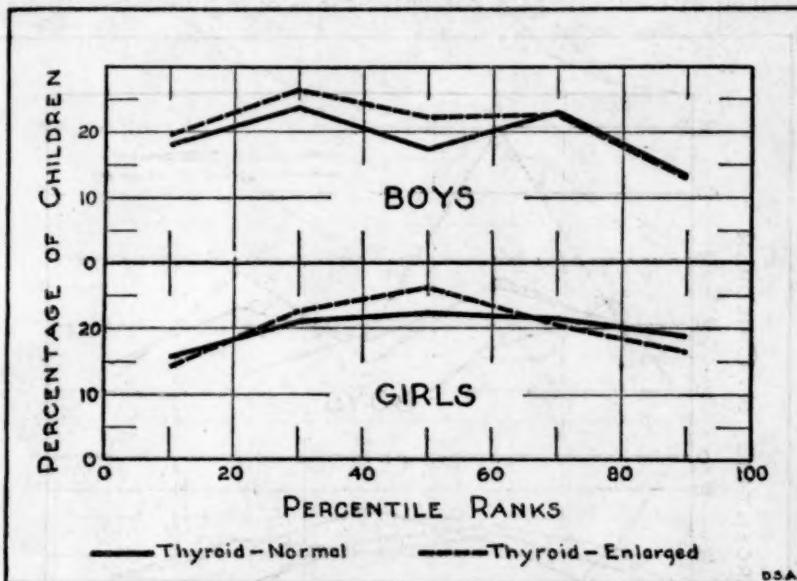


CHART 3.—Percentage distribution, according to percentile ranks, of 1292 thyroid-normal white boys and 988 thyroid-normal white girls, and 436 thyroid-enlarged white boys and 642 thyroid-enlarged white girls in the sixth grade of the Cincinnati public schools

TABLE 5.—Median percentile ranks of 3,796 children—1,728 white boys and 174 colored boys, and 1,630 white girls and 264 colored girls—in the sixth grade of the Cincinnati public schools, according to age, sex, color, and presence or absence of thyroid enlargement

Age (years)	Boys		Girls	
	Thyroid normal	Thyroid enlarged	Thyroid normal	Thyroid enlarged
White children:				
All ages.....	47.2	44.7	51.4	50.6
11.....	70.1	77.5	81.5	81.9
12.....	63.5	62.8	62.8	61.8
13.....	42.4	37.3	38.5	39.8
14.....	27.2	20.8	21.3	28.3
15.....	16.7	10.0	12.0	16.1
Colored children, all ages.....	12.5	20.0	14.1	17.9

Considering, therefore, both the distributions as shown in the tables and charts, and the medians, it appears that the results of this study are largely negative, in that no relationship between intelligence and the presence of thyroid enlargement has been demonstrated.

Relation of intelligence to size of enlargement.—Whether individuals with considerable thyroid enlargement vary appreciably in intelligence as compared with those with relatively slight enlargements is another point of interest. The present study was not sufficiently comprehensive to settle this point definitely. However, the results obtained by comparing the percentile ranks of individuals with slight,

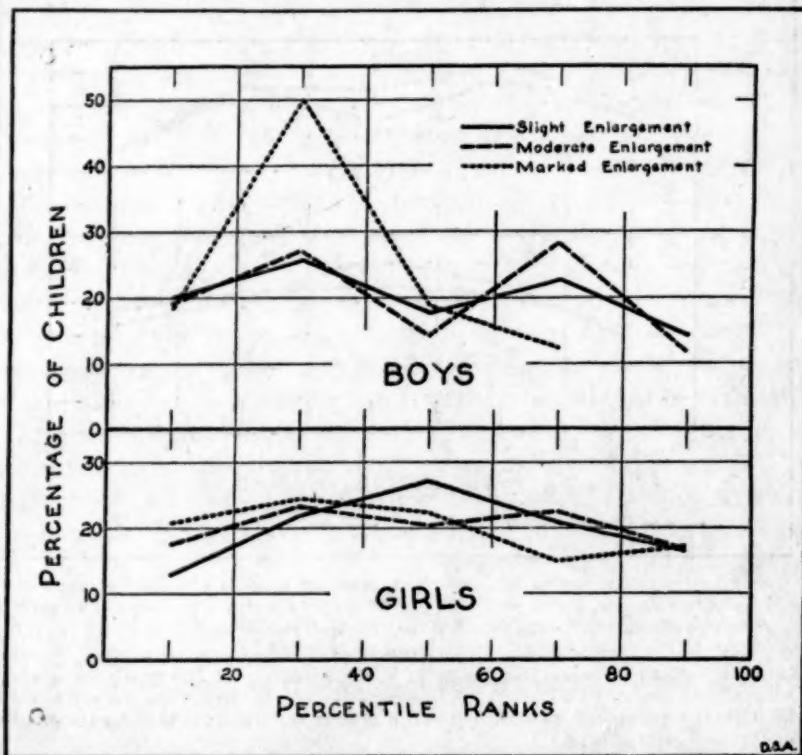


Chart 4.—Percentage distribution, according to percentile rank and degree of thyroid enlargement, of 436 thyroid-enlarged white boys and 642 thyroid-enlarged white girls in the sixth grade of the Cincinnati public schools

moderate, and marked enlargements are both interesting and suggestive. Chart 4 indicates the distribution of percentile ranks of the white boys and girls according to the degree of enlargement. It will be noted that the three curves, with the exception of one striking irregularity, due probably to the small number of individuals in the group in question, have a similar trend.

As a further basis of comparison the medians were calculated for white girls and boys according to the several degrees of enlargement. These medians are displayed in Table 6.

TABLE 6.—*Median percentile ranks of 1,728 white boys and 1,630 white girls in the sixth grade of the Cincinnati public schools according to degree of thyroid enlargement*

	Boys			Girls		
	Degree of enlargement			Degree of enlargement		
	Slight	Moderate	Marked	Slight	Moderate	Marked
Number of enlargements.....	387	42	16	484	105	53
Median percentile ranks.....	45.9	50.0	32.5	50.9	50.5	45.0

These figures, although indecisive because of the small numbers in the extreme groups, are of interest and raise certain questions which can be answered only by further investigation. Considering these medians in comparison with those given for thyroid-normal white boys and girls in Table 5, there is no evidence that either the boys or girls with slight or moderate degrees of enlargement differ significantly in intelligence from those with normal thyroids. The figures suggest, upon inspection, the possibility of a tendency toward the lowering of intelligence with the marked degree of enlargement. The numbers in these groups, however, are small and there is no certainty that these findings would be constant if the group under investigation were enlarged. Even if this relationship should be established through further investigation, its significance applies only to a very small proportion of the entire group of individuals with thyroid enlargement. Such findings, therefore, would furnish no justification for an assertion of general relationship between thyroid enlargement and lower intelligence.

SUMMARY

1. Three thousand seven hundred and ninety-six children in the sixth grade of the Cincinnati public schools were included in a study having for its purpose the determination of whether endemic goiter influences intelligence.
2. Some degree of enlargement was found in 25.2 per cent of the white boys and 39.6 per cent of the white girls included in the survey.
3. Two indices were utilized in determining the intelligence of the children studied: First, the information afforded by school retardation or advancement as indicated by age; second, the records of a standard group test devised to measure intelligence.
4. Analysis of chronological age data, indicative of school retardation or advancement, failed to reveal significant variations between thyroid-normal and thyroid-enlarged children.
5. A comparison of the percentile ranks of the thyroid normal and the thyroid enlarged failed to show differences of sufficient magnitude

to warrant the conclusion that the thyroid normal have a keener mentality than the thyroid enlarged.

6. Children with marked thyroid enlargements were apparently slightly less intelligent on the average than those with normal or slightly enlarged thyroids. However, the number of children with marked thyroid involvement was relatively small, suggesting the desirability of further observations on children with marked thyroid enlargements before drawing conclusions concerning the influence of thyroid size upon intelligence.

NOTES ON THE INFLUENCE OF TEMPERATURE AND HUMIDITY ON OVIPOSITION AND EARLY LIFE OF ANOPHELES

By BRUCE MAYNE, Associate Entomologist, United States Public Health Service

It is generally recognized that temperature exerts a direct influence on the life activities of anopheline mosquitoes. This is true not only while the mosquitoes are in the winged stage, but also while they are in the aquatic stage during the cooler as well as the warmer seasons. During the winter period, especially in the deeper waters, *Anopheles* larvae can be obtained from the bottom mud, in which they are sheltered. This protection is offered when the temperature is favorable; larvae are rarely found in pond mud in the winter time when the water's surface is warmer than the mud, or in the mud bottom of shallow streams at other times. This observation is supported by the finding of larvae in the mud of streams or borrow pits well stocked with predaceous top-feeding minnows and during the previous warmer months observed to be devoid of mosquito life. In explanation it is suggested that at the time of the winter inspection the active minnows feeding on the water's surface are likely to overlook the mosquito larvae in the mud at the bottom of the pond.

Oviposition as influenced by temperature.—Temperature influences the activities of egg laying and egg hatching, and likewise, of mosquito emergence. It has been proved that all stages of *Anopheles* in southern United States are produced during the colder months. As a comparison to natural conditions the following experimental data are offered as suggestive:

It has been found by the writer that eggs may be laid at 55° to 62° F., but are not laid at 40° to 54° F.; that hatching takes place at temperatures of 66° to 70° F., but not at 58° to 59° F. There is no doubt that oviposition and hatching take place within well-defined limits during the inactive season. *Anopheles* do not commonly pass

the winter in the egg stage at temperatures found under conditions of hibernation. The following test strengthens this deduction. One hundred and eleven specimens of *A. quadrimaculatus* under observation in the laboratory failed to lay eggs at temperatures varying from 40° to 54° F. These mosquitoes had been especially selected from field-collected females whose abdomens were engorged with eggs and blood.

Fifteen females of another similar lot laid 487 normal-appearing eggs at temperatures of 56° to 62° F., and during an observation period of 14 days the eggs failed to hatch. One hundred eggs of this set used as controls hatched at room temperature in 31 hours. Again, another selected lot of 15 females subjected to temperatures of 66° to 70° F. laid 640 eggs, all of which hatched.

In a final experiment with 875 eggs, temperature changes modified the incubation of fertile *Anopheles* eggs to the extent that hatching took place within 24 hours at temperatures as high as 95° F. and was retarded to 30 hours under temperatures of 93° F.

Low temperature apparently either inhibits egg laying or affects the germination of deposited ova. The effect of cold on egg laying is a well-observed phenomenon. Several observers have reported the inability of the female which has survived the dormant season to lay its probable maximum of fertile eggs, as it dies after an oviposition of a few eggs, usually not more than 15 to 20 eggs. To demonstrate this a lot of gravid female *A. quadrimaculatus* were divided into two batches of 10 specimens each; one set (No. 1) was subjected to room temperatures 63° to 78° F., and the other set (No. 2) was kept in the cold closet at 40° to 54° F. for 17 days, then exposed to room temperature for 4 days. The following results were recorded: From set No. 1, 384 eggs were obtained with 100 per cent fertility; from set No. 2, 292 eggs were obtained with 35 per cent fertility.

It was thought desirable to investigate the effect of sudden changes of temperature (not sustained) on oviposition, as it is known that the blood-seeking impulse is stimulated by sudden rises in temperature. For this purpose 10 gravid females subjected to temperatures of 56° to 60° F. for a period of 7 days without issue were exposed to a temperature of 63° to 64° F. for 8 hours and laid 89 eggs. These mosquitoes, when returned to the cold chamber for 10 days longer, did not oviposit, with the exception of 3 eggs laid during the first 2 hours of the renewal of cold conditions.

Possibly a good test as to whether a female has recently emerged or has just appeared after hibernation is to permit it to lay its eggs in the laboratory and observe whether the eggs are fertile. A little

experience enables one to distinguish the seasoned female. The general frayed and darker appearance of the mosquito and also its fecundity are suggestive of its having passed the winter in the adult form. Some instances of this phenomenon may be given: A female specimen of *A. punctipennis*, collected while sprawling, so feeble that one could actually capture it between two fingers, laid 26 eggs and died in the water of the container. All of these eggs, kept at laboratory temperature, hatched normally. A specimen of *A. quadrimaculatus*, collected in Louisiana in early March, when removed to the laboratory laid 18 fertile eggs and was induced to bite before dying the following day. A third specimen, observed in February in northern Mississippi, behaved the same way; it laid 19 eggs when removed to the laboratory and died prior to the hatching of the eggs.

The effect of desiccation on anopheline eggs and larvae.—There are several bibliographical references on desiccation in connection with the yellow-fever mosquito, *Aëdes*; but only one reference has come to my attention in connection with *Anopheles*. Brumpt¹ found that eggs of *Anopheles maculipennis*, when placed on blotting paper immediately after being laid, survived for 48 hours exposed to the air and 72 hours if to saturated humidity at temperatures of 53.6° to 59°F. He found that eggs about to hatch will survive 6 days under similar conditions.

An investigation of the resistance of *Anopheles* eggs and larvae to the direct action of sunshine was undertaken recently. In these tests eggs of *A. quadrimaculatus* and *A. crucians* were placed for varying lengths of time in dried and drying mud collected from fresh-water streams. They hatched normally and some developed to maturity.

The accompanying table presents the data thus obtained:

¹ Brumpt, E.: Ponte et résistance des œufs de l'*Anopheles maculipennis*. Ann. Parasit., October, 1925, B comp. III, No. 4, pp. 396-402.

Table of experiments in an attempt to determine the resistance of eggs to drying when exposed under natural conditions

SPECIES A. QUADRIMACULATUS

Number of eggs exposed	Media used	Month and time of exposure	Mean monthly temperatures and per cent of sunshine				Results and remarks	
			Mean temperatures		Per cent of sun-shine, average daily			
			Week	Maximum				
45	Wet garden earth, drying in open dish.	July—42 hours	First	94.0	70.0	57.5	10 larvae were seen to hatch from the eggs. Controls hatch in 40 hours.	
			Second	98.0	68.0	65.7		
			Third	91.0	67.0	58.5		
			Fourth	96.0	72.0	73.3		
			Fifth	89.0	72.0	34.6		
			Mean	88.4	71.7	60.0		
100	Mud from creek bottom, exposed in clay dish.	July—65 hours					88 eggs hatched after few hours following addition of water. 18 controls hatch in 36 to 44 hours.	
92	Mud barely damp, exposed in clay dish.	July—90 hours					70 hatched 1 day following addition of water. 19 to 20 controls hatched within 48 hours.	
800	A wooden box, 9 cubic feet capacity, filled with mud from Savannah River. Eggs exposed in cracks of drying mud.	August—10 days; 13 days; 15 days; and 16 days.	First	95.0	72.0	67.2	40 eggs recovered, placed in water for 1 day and hatched. 22 eggs observed to hatch upon the addition of water. 38 eggs hatched when removed from caked mud. All controls used hatched in 42 to 45 hours.	
			Second	96.0	71.0	76.7		
			Third	96.0	72.0	71.5		
			Fourth	91.0	69.0	37.9		
			Fifth	91.0	68.0	52.0		
			Mean	90.6	73.2	62.0		
1,000	In wooden bench tray lined with compressed cardboard, capacity about 12 cubic feet, lumps of mud as damp as molding clay	September.—10 days; 15 days; and 21 days.	First	95.0	68.0	69.0	54 eggs removed to water hatched in few hours. 322 eggs after exposure of 15 days hatched in 46 to 48 hours. Mud solid clumps. 18 eggs found in cracks of mud hatched in 38 hours after removal to water. These had resisted 21 days of drying.	
			Second	94.0	69.0	66.3		
			Third	88.0	63.0	56.5		
			Fourth	89.0	68.0	56.4		
			Fifth	87.0	65.0	73.0		
			Mean	85.9	70.6	62.0		
		October	First	88.0	58.0	31.4		
			Second	78.0	51.0	83.3		
			Third	82.0	54.0	49.2		
			Fourth	76.0	42.0	78.4		
			Fifth	80.0	58.0	46.0		
			Mean	75.4	59.1	59.0		

Summary of table.—In these tests the soil was allowed to dry out naturally; the time was found to vary, but usually drying was completed within 16 hours. Eggs of *A. quadrimaculatus*, when exposed to the air on wet and drying mud were viable after periods of 42 hours to 16 days. Eggs from the same females hatched nor-

mally in 36 to 48 hours when placed at the same temperatures on the surface of water.

Eggs of *A. crucians*, when exposed in a similar manner, proved to resist drying during periods of 10 days to 21 days and hatched normally after removal to water. Control eggs of this series hatched within 48 hours.

The value of these biological tests may be interpreted as follows: In drainage operations undertaken for mosquito control, water removed by ditches from swampy and seepage areas may harbor recently deposited eggs of *Anopheles*. These may remain viable without the presence of water for a considerable time—after as much as three weeks following the withdrawal of water. Rains may give the brood of eggs present an opportunity to develop, and such forms may continue in their development to the adult stage. Thus an otherwise unaccountable disturbance of the biological relations may result and confuse the sanitarian in evaluating control measures. The mystery of the appearance of a new brood of anopheline mosquitoes may be explained in this manner, and such an invasion may be met more intelligently.

It was thought worth while to determine whether eggs exposed to the conditions of desiccation here outlined could continue developing. For this purpose larvae which had hatched from eggs subjected to drying for periods of 10 to 14 days were placed in suitable containers with a bottom layer of 3 to 4 inches of the mud used in the original cultures. No other food was added. The following results were obtained: *A. quadrimaculatus*, 38 larvae surviving 10 days' desiccation in egg stage produced seven mature pupae within 12 to 13 days. Adults of *A. quadrimaculatus* emerged in two to three days from these pupae. *A. crucians*, 140 larvae, surviving 10 to 14 days' desiccation in the egg stage produced 39 pupae in 13 to 14 days. Adults emerged normally from these pupae within three days.

These observations suggest that it is possible for *Anopheles* to develop in the absence of the food commonly regarded as essential.

DEATHS DURING WEEK ENDED MAY 8, 1926

Summary of information received by telegraph from industrial insurance companies for week ended May 8, 1926, and corresponding week of 1925. (From the Weekly Health Index, May 11, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended May 8, 1926	Corresponding week, 1925
Policies in force.....	64,290,279	59,726,946
Number of death claims.....	14,240	11,744
Death claims per 1,000 policies in force, annual rate	11.5	10.3

Deaths from all causes in certain large cities of the United States during the week ended May 8, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, May 11, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended May 8, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended May 8, 1926 ¹		
	Total deaths	Death rate ¹		Week ended May 8, 1926	Corresponding week, 1925			
Total (69 cities)	8,077	14.5	13.3	964	870	8.80		
Akron	43			8	5	8.5		
Albany ²	51	22.6	16.4	5	7	10.6		
Atlanta	58			13	7			
White	20			6				
Colored	38	(9)		7				
Baltimore ⁴	245	16.0	16.6	22	25	6.4		
White	190			16		5.7		
Colored	55	(9)		6		9.7		
Birmingham	82	20.8	14.2	20	6			
White	45			12				
Colored	37	(9)		8				
Boston	272	18.2	15.0	42	27	11.8		
Bridgeport	37			8	2	13.6		
Buffalo	151	14.6	14.6	22	17	9.2		
Cambridge	23	10.0	11.3	0	4	0		
Camden	31	12.6	13.8	2	5	3.4		
Chicago ⁴	803	14.0	12.3	100	97	8.9		
Cincinnati	137	17.5	14.5	17	7	10.6		
Cleveland	217	12.1	10.4	32	19	8.3		
Columbus	73	13.6	15.8	7	7	6.4		
Dallas	56	15.1	14.3	7	7			
Dayton	53	16.0	12.7	5	1	7.9		
Denver	65	12.1	14.3	9	9			
Des Moines	42	14.7	13.3	3	4	5.0		
Detroit	380	15.9	10.8	77	46	12.1		
Duluth	20	9.4	5.2	1	1	2.3		
El Paso	33	16.4	19.9	9	10			
Erie	39			6	1	11.4		
Fall River ⁴	26	10.5	12.9	3	11	4.4		
Flint	27	10.8	7.6	3	4	5.0		
Fort Worth	29	9.9	7.9	0	1			
White	21			0				
Colored	8	(9)		0				
Grand Rapids	48	16.3	11.5	6	5	8.7		
Houston	40	12.6	20.2	4	11			
White	29			4				
Colored	11	(9)		0				
Indianapolis	95	13.8	12.1	8	10	5.9		
White	83			7		5.9		
Colored	12			1		5.5		
Jacksonville, Fla.	42	20.9	16.9	7	3	14.6		
White	26			3		6.8		
Colored	16			4		2.9		
Jersey City	85	14.1	13.7	8	6	5.7		
Kansas City, Kans.	19	8.5	17.5	3	5	6.2		
White	13			3		6.3		
Colored	6	(9)		0		0		
Kansas City, Mo.	96	13.6	14.6	1	14			
Los Angeles	241			22	29	6.1		
Louisville	88	15.2	13.5	6	7	5.2		
White	63			5		5.0		
Colored	25	(9)		1		6.3		
Lowell	38	18.0	16.5	9	3	16.8		
Lynn	28	14.2	10.6	2	5	5.0		
Memphis	65	19.4	17.0	8	6			
White	32			4				
Colored	33	(9)		4				
Milwaukee	145	15.1	9.5	15	8	6.9		
Minneapolis	125	15.3	11.5	16	(14)	8.9		

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.

³ Data for 64 cities.

⁴ Deaths for week ended Friday, May 7, 1926.

⁵ In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended May 8, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, May 11, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended May 8, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended May 8, 1926
	Total deaths	Death rate		Week ended May 8, 1926	Corresponding week, 1925	
Nashville	52	19.9	13.8	4	5	
White	25			3		
Colored	27	(*)		1		
New Bedford	38	16.6	15.3	13	6	226
New Haven	44	12.8	10.5	4	2	55
New Orleans	159	20.0	17.9	7	18	
White	91			2		
Colored	68	(*)		5		
New York	1,525	13.5	13.2	166	167	67
Bronx borough	158	9.4	10.0	11	16	36
Brooklyn borough	515	12.2	12.0	70	59	71
Manhattan borough	670	18.0	17.1	74	73	82
Queens borough	141	10.3	9.6	8	16	36
Richmond borough	41	15.5	16.2	3	3	33
Newark, N. J.	115	13.3	10.7	13	19	62
Norfolk	29			3	1	56
White	14			1		30
Colored	15	(*)		2		99
Oklahoma City	35	7.2	10.1	4	3	46
Omaha	26			2	1	
Paterson	68	16.8	8.4	10	4	104
Philadelphia	41	15.1	10.7	5	2	87
Pittsburgh	577	15.2	15.0	72	69	96
Portland, Oreg.	210	17.3	14.4	18	23	60
Providence	52	9.6	15.5	2	7	20
Richmond	75	14.6	13.0	11	13	91
White	58	16.2	11.7	12	5	151
Colored	34			8		157
Rochester	24	(*)		4		140
St. Louis	83	13.7	14.6	7	6	56
St. Paul	230	14.6	13.0	18	15	
Salt Lake City	69	14.6	11.0	1	6	9
San Antonio	36	14.3	10.8	6	4	83
San Diego	62	16.3	17.6	14	10	
San Francisco	32	15.7	19.7	4	3	84
Schenectady	147	13.7	12.9	10	7	60
Seattle	14	7.9	15.2	1	3	29
Somerville	68			3	3	28
Spokane	19	10.0	13.7	4	2	104
Springfield, Mass.	29	13.9	11.5	5	1	117
Syracuse	31	11.4	9.5	2	2	29
Tacoma	62	17.8	16.9	8	9	101
Toledo	32	16.0	9.5	1	1	23
Trenton	75	13.6	12.3	17	4	165
Utica	40	15.8	19.4	5	7	84
Washington, D. C.	37	19.0	16.4	1	3	22
White	97			17	13	97
Colored	58	(*)		12		99
Waterbury	21			5		91
Wilmington, Del.	24	10.3	12.4	6	4	129
Worcester	54	14.8	15.3	6	5	69
Yonkers	22	10.1	12.8	6	7	135
Youngstown	45	14.7	9.5	6	3	76

See footnotes 4 and 5, on p. 991.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended May 15, 1926

ALABAMA	Cases	ARKANSAS—continued	Cases
Chicken pox	49	Mumps	27
Dengue	1	Pellagra	10
Diphtheria	12	Scarlet fever	11
Influenza	40	Smallpox	4
Malaria	45	Trachoma	4
Measles	381	Tuberculosis	5
Mumps	46	Typhoid fever	2
Pellagra	18	Whooping cough	17
Pneumonia	57		
Poliomyelitis	1		
Scarlet fever	4		
Smallpox	47	CALIFORNIA	
Trachoma	1	Cerebrospinal meningitis—Los Angeles	3
Tuberculosis	166	Chicken pox	251
Typhoid fever	8	Diphtheria	107
Whooping cough	64	Influenza	27
		Measles	392
		Mumps	325
ARIZONA		Poliomyelitis:	
Cerebrospinal meningitis	1	San Diego County	1
Chicken pox	36	Southgate	1
Diphtheria	3	Scarlet fever	144
Influenza	3	Smallpox	41
Measles	21	Typhoid fever	25
Mumps	5	Whooping cough	66
Scarlet fever	26		
Smallpox	8	COLORADO	
Trachoma	161	Chicken pox	23
Tuberculosis	39	Diphtheria	5
Typhoid fever	5	German measles	3
Whooping cough	4	Measles	18
		Mumps	4
ARKANSAS		Pneumonia	3
Chicken pox	9	Scarlet fever	17
Diphtheria	2	Tuberculosis	2
Hookworm disease	2	Typhoid fever	1
Influenza	14	Vincent's angina	2
Malaria	13	Whooping cough	37
Measles	50		

	DELAWARE	Cases	INDIANA	Cases
Diphtheria	1	Chicken pox	37	
Measles	35	Diphtheria	11	
Pneumonia	2	Influenza	10	
Scarlet fever	13	Measles	720	
FLORIDA				
Cerebrospinal meningitis	1	Mumps	1	
Chicken pox	31	Pneumonia	17	
Diphtheria	14	Scarlet fever	143	
German measles	2	Smallpox	71	
Influenza	1	Trachoma	1	
Malaria	1	Tuberculosis	31	
Measles	30	Typhoid fever	5	
Mumps	17	Whooping cough	108	
GEORGIA				
Chicken pox	46	IOWA		22
Diphtheria	11	Chicken pox	11	
Dysentery	7	Diphtheria	71	
Hookworm disease	4	German measles	294	
Influenza	48	Measles	23	
Malaria	33	Mumps	1	
Measles	115	Pneumonia	48	
Mumps	23	Scarlet fever	34	
Paratyphoid fever	1	Smallpox	5	
Pellagra	13	Tuberculosis	1	
Pneumonia	47	Typhoid fever	12	
Scarlet fever	3	Whooping cough	5	
Septic sore throat	8	KANSAS		1
Smallpox	25	Chicken pox	676	
Tuberculosis	23	Diphtheria	47	
Typhoid fever	6	German measles	26	
Whooping cough	33	Influenza	5	
IDAHO				
Cerebrospinal meningitis—Saint Maries	1	Malaria	1	
Chicken pox	5	Measles	26	
Diphtheria	12	Mumps	50	
Measles	14	Pneumonia	6	
Mumps	12	Scarlet fever	6	
Poliomyelitis—Pocatello	1	Smallpox	48	
Scarlet fever	18	Tetanus	1	
Tuberculosis	3	Tuberculosis	48	
Typhoid fever	3	Typhoid fever	6	
Whooping cough	3	Whooping cough	126	
ILLINOIS				
Cerebrospinal meningitis—Lake County	1	LOUISIANA		8
Diphtheria	65	Diphtheria	23	
Influenza	38	Influenza	1	
Lethargic encephalitis:		Leprosy	1	
McLean County	1	Lethargic encephalitis	1	
Williamson County	1	Malaria	31	
Measles	1,137	Paratyphoid fever	2	
Pneumonia	331	Pneumonia	41	
Scarlet fever	339	Scarlet fever	21	
Smallpox:		Smallpox	16	
Winnebago County	10	Tuberculosis	38	
Scattering	39	Typhoid fever	19	
Tuberculosis	339	Whooping cough	13	
Typhoid fever	9	MAINE		1
Whooping cough	191	Chicken pox	6	
		Diphtheria	4	
		German measles	51	
		Influenza	62	
		Measles	230	
		Mumps	11	
		Pneumonia	23	
		Scarlet fever	13	
		Tuberculosis	11	
		Typhoid fever	1	
		Whooping cough	17	

MARYLAND¹

	Cases
Cerebrospinal meningitis	1
Chicken pox	81
Diphtheria	14
Dysentery	4
German measles	3
Influenza	15
Lethargic encephalitis	1
Malaria	1
Measles	524
Mumps	198
Ophthalmia neonatorum	3
Pneumonia (broncho)	78
Pneumonia (lobar)	73
Pneumonia (undefined)	4
Scarlet fever	56
Septic sore throat	4
Tuberculosis	63
Typhoid fever	3
Whooping cough	74

MASSACHUSETTS

Anthrax	1
Cerebrospinal meningitis	3
Chicken pox	86
Conjunctivitis (suppurative)	15
Diphtheria	50
German measles	331
Hookworm disease	1
Influenza	17
Lethargic encephalitis	3
Measles	732
Mumps	147
Ophthalmia neonatorum	16
Pneumonia (lobar)	138
Poliomyelitis	1
Scarlet fever	221
Septic sore throat	1
Trachoma	1
Tuberculosis (pulmonary)	114
Tuberculosis (other forms)	85
Typhoid fever	8
Whooping cough	290

MICHIGAN

Diphtheria	63
Measles	1,534
Pneumonia	138
Scarlet fever	267
Smallpox	6
Tuberculosis	84
Typhoid fever	5
Whooping cough	145

MINNESOTA

Chicken pox	107
Diphtheria	53
Influenza	3
Measles	779
Pneumonia	7
Scarlet fever	333
Smallpox	1
Tuberculosis	62
Typhoid fever	2
Whooping cough	55

MONTANA

	Cases
Cerebrospinal meningitis	2
Chicken pox	20
Diphtheria	2
German measles	10
Measles	73
Mumps	10
Rocky Mountain spotted fever:	
Cartersville	1
Crow Agency	1
Harlowton	1
Malta	1
Scarlet fever	32
Smallpox	12
Tuberculosis	5
Whooping cough	5

NEBRASKA

Cerebrospinal meningitis	2
Chicken pox	44
Diphtheria	2
German measles	2
Measles	138
Mumps	9
Pellagra	1
Scarlet fever	101
Smallpox	19
Tetanus	1
Tuberculosis	7
Whooping cough	32

NEW JERSEY

Cerebrospinal meningitis	2
Chicken pox	181
Diphtheria	97
Dysentery	1
Influenza	14
Measles	2,427
Pneumonia	184
Poliomyelitis	1
Rabies	1
Scarlet fever	233
Trachoma	1
Typhoid fever	5
Whooping cough	107

NEW MEXICO

Chicken pox	23
Conjunctivitis	1
Diphtheria	2
Malaria	1
Measles	27
Mumps	15
Pneumonia	3
Rabies (in animals)	1
Scarlet fever	17
Tuberculosis	25
Vincent's angina	1
Whooping cough	30

NEW YORK

(Exclusive of New York City)	
Anthrax	1
Botulism	2
Cerebrospinal meningitis	2
Chicken pox	173

NEW YORK—continued

Cases

Diphtheria	63
German measles	508
Influenza	33
Malaria	2
Measles	2,283
Mumps	162
Pneumonia	316
Scarlet fever	200
Septic sore throat	4
Smallpox	2
Tetanus	1
Trachoma	3
Typhoid fever	8
Vincent's angina	4
Whooping cough	402

NORTH CAROLINA

Chicken pox	94
Diphtheria	15
German measles	228
Measles	340
Scarlet fever	24
Septic sore throat	1
Smallpox	55
Typhoid fever	5
Whooping cough	303

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)	
Chicken pox	25
Diphtheria	6
Influenza	96
Malaria	29
Measles	140
Mumps	5
Pellagra	18
Pneumonia	40
Scarlet fever	32
Smallpox	13
Typhoid fever	16
Whooping cough	47

OREGON

Cerebrospinal meningitis	2
Chicken pox	34
Diphtheria	18
Influenza	26
Measles	51
Mumps	26
Pneumonia	22
Scarlet fever	54
Smallpox	7
Tuberculosis	17
Typhoid fever	4
Whooping cough	33

PENNSYLVANIA

Anthrax—Pittsburgh	1
Cerebrospinal meningitis:	
Liberty township ¹	1
Pittsburgh	2
Chicken pox	246
Diphtheria	134
German measles	65
Impetigo contagiosa	4

PENNSYLVANIA—continued

Cases

Lethargic encephalitis—Philadelphia	2
Measles	3,801
Mumps	70
Ophthalmia neonatorum—Philadelphia	2
Pneumonia	52
Poliomyelitis—Carroll township ¹	1
Scabies	9
Scarlet fever	485
Tetanus—Philadelphia	1
Tuberculosis	95
Typhoid fever	16
Whooping cough	333

RHODE ISLAND

Diphtheria	7
German measles	26
Measles	77
Mumps	2
Scarlet fever	7
Tuberculosis	6
Whooping cough	13

SOUTH DAKOTA

Chicken pox	12
Diphtheria	5
Influenza	1
Measles	104
Mumps	50
Pneumonia	6
Scarlet fever	91
Smallpox	5
Whooping cough	30

TENNESSEE

Chicken pox	20
Diphtheria	10
Dysentery	1
Influenza	77
Malaria	7
Measles	626
Mumps	14
Pellagra	19
Pneumonia	32
Rabies	1
Scarlet fever	32
Smallpox	23
Tuberculosis	49
Typhoid fever	5
Whooping cough	33

TEXAS

Anthrax	2
Cerebrospinal meningitis	2
Chicken pox	98
Diphtheria	14
Dysentery	1
Influenza	8
Measles	8
Mumps	88
Pellagra	1
Pneumonia	8
Scarlet fever	28
Smallpox	114
Typhoid fever	2
Tuberculosis	27
Whooping cough	24

UTAH		WISCONSIN	
	Cases		Cases
Chicken pox	39	Chicken pox	86
Diphtheria	8	Diphtheria	5
German measles	50	German measles	2
Measles	18	Influenza	2
Mumps	26	Measles	289
Pneumonia	2	Mumps	45
Scarlet fever	4	Pneumonia	39
Smallpox	3	Scarlet fever	18
Whooping cough	160	Tuberculosis	36
VERMONT		Scattering:	
Chicken pox	23	Chicken pox	70
Diphtheria	3	Diphtheria	29
Measles	27	German measles	158
Mumps	20	Influenza	83
Scarlet fever	5	Measles	942
Whooping cough	43	Mumps	70
VIRGINIA		Pneumonia	
Smallpox	5	Pneumonia	14
WASHINGTON		Scarlet fever	
Cerebrospinal meningitis:		Scarlet fever	96
Aberdeen	1	Smallpox	4
Hoquiam	1	Tuberculosis	43
Spokane	2	Typhoid fever	1
Chicken pox	98	Whooping cough	68
Diphtheria	9	WYOMING	
German measles	74	Chicken pox	7
Measles	75	Diphtheria	4
Mumps	43	German measles	7
Scarlet fever	57	Measles	5
Smallpox	17	Mumps	2
Tuberculosis	80	Pneumonia (lobar)	1
Typhoid fever	2	Rocky Mountain spotted fever—	
Whooping cough	60	Campbell County	3
		Johnson County	3
		Natrona County	3
		Scarlet fever	44
		Smallpox	1
		Whooping cough	7

Reports for Week Ended May 8, 1926

NORTH DAKOTA		WEST VIRGINIA	
	Cases		Cases
Diphtheria	7	Cerebrospinal meningitis—Mercer County	1
German measles	29	Chicken pox	35
Measles	30	Diphtheria	42
Mumps	7	Influenza	72
Pneumonia	8	Measles	963
Scarlet fever	79	Scarlet fever	24
Smallpox	2	Smallpox	2
Tuberculosis	1	Tuberculosis	19
Whooping cough	8	Typhoid fever	7
		Whooping cough	41

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
<i>March, 1926</i>										
Arkansas	0	20	3,180	183	116	18	0	49	36	11
Florida	2	73	367	6	198	3	1	61	782	29
South Carolina	0	75	16,095	309	71	232	26	22	131	29
<i>April, 1926</i>										
Arizona	8	43	—	24	—	—	0	61	1	7
Connecticut	5	65	556	0	2,427	0	1	392	0	4
District of Columbia	0	62	6	—	2,264	2	0	102	1	2
Georgia	0	37	1,215	33	587	29	1	33	115	16
Indiana	4	122	612	—	6,892	—	3	947	445	14
Tennessee	7	55	2,038	27	1,705	35	2	165	91	25
Vermont	0	9	0	—	107	—	2	38	0	0

PLAQUE ERADICATIVE MEASURES IN LOS ANGELES, CALIF.

The following items were taken from the report of plague eradication measures from Los Angeles, Calif.:

Week ended May 8, 1926:

Number of rats trapped	450
Number of rats found to be plague infected	0
Number of squirrels examined	586
Number of squirrels found to be plague infected	0
Number of mice trapped	654

Number of mice found to be plague infected

0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.

Date of last human case, Jan. 15, 1925.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended May 1, 1926, 36 States reported 949 cases of diphtheria. For the week ended May 2, 1925, the same States reported 1,274 cases of this disease. One hundred and one cities, situated in all parts of the country and having an aggregate population of more than 30,200,000, reported 634 cases of diphtheria for the week ended May 1, 1926. Last year for the corresponding week they reported 868 cases. The estimated expectancy for these cities was 895 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 18,016 cases of measles for the week ended May 1, 1926, and 5,256 cases of this disease for the week ended May 2, 1925. One hundred and one cities reported 9,969 cases of measles for the week this year, and 3,187 cases last year.

Poliomyelitis.—The health officers of 37 States reported 16 cases of poliomyelitis for the week ended May 1, 1926. The same States reported 21 cases for the week ended May 2, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 3,478 cases; last year, 3,196 cases; 101 cities—this year, 1,700 cases; last year, 1,708 cases; estimated expectancy, 1,133 cases.

Smallpox.—For the week ended May 1, 1926, 37 States reported 712 cases of smallpox. Last year for the corresponding week they reported 840 cases. One hundred and one cities reported smallpox for the week as follows: 1926, 154 cases; 1925, 270 cases; estimated expectancy, 126 cases. Three deaths from smallpox were reported by these cities for the week this year—1 at New Orleans, La., 1 at Los Angeles, Calif., and 1 at San Francisco, Calif.

Typhoid fever.—One hundred and sixty-nine cases of typhoid fever were reported for the week ended May 1, 1926, by 36 States. For the corresponding week of 1925, the same States reported 265 cases of this disease. One hundred and one cities reported 54 cases of typhoid fever for the week this year and 98 cases for the corresponding week last year. The estimated expectancy for these cities was 57 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 94 cities, with a population of nearly 29,500,000, as follows: 1926, 1,180 deaths; 1925, 1,001.

City reports for week ended May 1, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	9	1	0	4	1	175	2	3
New Hampshire:									
Concord	22,546	0	0	1	0	0	2	0	4
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24,089	0	1	0	0	0	1	0	0
Massachusetts:									
Boston	779,620	27	51	12	4	4	186	37	24
Fall River	128,993	3	3	3	5	1	15	0	4
Springfield	142,065	4	3	0	1	2	32	0	3
Worcester	190,757	4							
Rhode Island:									
Pawtucket	69,760	0	1	2	0	0	44	0	5
Providence	267,918	0	10	5	0	1	66	0	7

City reports for week ended May 1, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Meas- sles, cases reported	Mump-s, cases reported	Pneu- monia, deaths re- ported
			Cases, es- timated ex- pectancy	Cases re- ported	Cases re- ported	Deaths re- ported			
NEW ENGLAND—cont'd									
Connecticut:									
Bridgeport	(1)	0	5	1	8	6	5	0	9
Hartford	160,197	0	6	4	3	0	30	0	9
New Haven	178,927	17	3	1	0	0	92	1	7
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	30	10	3	4	1	38	0	17
New York	5,873,356	86	251	143	71	29	1,379	41	263
Rochester	316,786	7	7	0	3	1	144	2	13
Syracuse	182,003	5	6	2	2	0	213	22	3
New Jersey:									
Camden	128,642	10	4	4	1	2	36	3	4
Newark	452,513	67	16	9	7	0	239	10	16
Trenton	132,020	3	3	1	0	0	69	7	9
Pennsylvania:									
Philadelphia	1,979,364	93	69	57	—	13	589	13	80
Pittsburgh	631,563	43	16	9	8	8	78	2	30
Reading	112,707	5	3	1	—	0	62	0	5
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	7	7	3	4	12	188	5	17
Cleveland	936,485	16	21	33	5	13	107	3	19
Columbus	279,836	2	4	3	0	1	323	0	6
Toledo	287,380	35	4	14	0	3	303	0	6
Indiana:									
Fort Wayne	97,846	3	2	0	0	1	32	0	4
Indianapolis	358,819	14	5	3	0	0	350	0	18
South Bend	80,091	1	1	1	0	0	16	0	2
Terre Haute	71,071	0	1	1	0	0	25	0	2
Illinois:									
Chicago	2,905,239	65	92	60	23	17	176	22	69
Peoria	81,564	5	1	0	0	0	0	4	1
Springfield	63,923	8	1	0	1	1	36	1	1
Michigan:									
Detroit	1,245,824	29	44	38	4	14	230	9	65
Flint	130,316	6	3	2	0	0	123	0	0
Grand Rapids	153,698	3	4	1	0	1	38	0	2
Wisconsin:									
Kenosha	50,891	10	1	2	1	0	0	0	1
Madison	46,385	3	0	3	0	0	223	1	1
Milwaukee	509,192	88	11	5	8	6	206	45	15
Racine	67,707	4	2	0	0	1	33	1	1
Superior	39,671	0	0	0	0	0	76	0	1
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	9	2	0	0	0	22	0	3
Minneapolis	425,435	58	15	31	0	2	263	9	6
St. Paul	246,001	33	15	23	0	0	176	13	13
Iowa:									
Davenport	52,469	1	0	1	0	—	5	0	—
Des Moines	141,441	2	3	0	0	—	1	0	—
Sioux City	76,411	4	1	0	0	—	0	1	—
Waterloo	36,771	2	0	1	0	—	48	0	—
Missouri:									
Kansas City	367,481	8	6	2	3	3	192	2	13
St. Joseph	78,342	2	1	1	0	0	14	1	2
St. Louis	821,543	38	40	2	2	2	4,117	—	—
North Dakota:									
Fargo	26,408	1	0	1	0	1	0	4	1
Grand Forks	14,811	0	0	0	0	—	0	0	—
South Dakota:									
Aberdeen	15,036	7	0	0	0	—	10	16	—
Sioux Falls	30,127	0	1	0	0	—	2	0	0
Nebraska:									
Lincoln	60,941	5	2	0	0	0	1	0	2
Omaha	211,768	19	3	1	0	0	80	0	9
Kansas:									
Topeka	55,411	28	1	1	0	0	8	0	0
Wichita	88,367	4	1	0	0	0	93	1	4

¹ No estimate made.

City reports for week ended May 1, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	1	2	7	0	0	17	0	5
Maryland:									
Baltimore	706,296	68	22	8	17	7	182	186	37
Cumberland	33,741	0	1	0	0	0	7	0	3
Frederick	12,035	0	0	0	0	0	11	0	0
District of Columbia:									
Washington	497,906	17	9	14	0	0	630	0	14
Virginia:									
Lynchburg	30,395	8	1	1	0	0	121	1	1
Norfolk	(1)	10	1	0	0	0	4	1	2
Richmond	186,403	4	1	2	0	0	78	7	4
Roanoke	58,208	1	1	0	0	1	90	0	1
West Virginia:									
Charleston	49,019	0	0	0	2	3	12	0	1
Huntington	63,485	0	0	0	0	4	0	0	3
Wheeling	56,208	4	2	0	0	1	164	0	1
North Carolina:									
Raleigh	30,371	2	0	0	0	0	0	0	1
Wilmington	37,061	10	0	0	0	0	0	0	1
Winston-Salem	69,031	1							
South Carolina:									
Charleston	73,125	0	1	0	0	0	2	3	5
Columbia	41,225	8	0	0	0	0	0	0	0
Greenville	27,311	0	1	0	0	0	2	3	1
Georgia:									
Atlanta	(1)	5	1	2	6	1	12	0	10
Brunswick	16,809	0	0	0	0	0	1	0	0
Savannah	93,134	2	0	0	0	2	3	3	1
Florida:									
Tampa	94,743	2	0	1	0	0	6	0	2
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	6	1	3	0	2	14	0	8
Louisville	305,935	2	4	3	2	2	189	1	16
Tennessee:									
Memphis	174,533	47	3	6	0	1	162	21	6
Nashville	136,220	1	1	0	0	7	30	0	5
Alabama:									
Birmingham	205,670	12	2	1	5	6	139	5	8
Mobile	65,955	0	1	0	1	1	0	0	2
Montgomery	46,481	3	0	1	0	0	22	11	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	6	0	0	0	0	0	0	4
Little Rock	74,216	2	0	0	0	0	22	0	4
Louisiana:									
New Orleans	414,493	11	7	7	2	3	12	0	0
Shreveport	57,857	5	1	0	0	0	0	2	4
Oklahoma:									
Oklahoma City	(1)	0	1	0	10	0	0	0	5
Tulsa	124,478	20	1	0	0	0	6	29	—
Texas:									
Dallas	194,450	35	3	3	0	0	0	0	9
Galveston	48,375	0	0	0	0	0	0	1	0
Houston	164,954	1	2	2	0	3	0	0	4
San Antonio	198,069	1	1	1	0	0	3	1	13
MOUNTAIN									
Montana:									
Billings	17,971	1	0	0	0	0	24	0	0
Great Falls	29,883	18	0	0	0	0	31	0	0
Helena	12,037	0	0	0	0	0	0	0	1
Missoula	12,668	0	1	0	0	0	0	3	1
Idaho:									
Boise	23,042	0	0	0	0	0	0	3	0

¹ No estimate made.

City reports for week ended May 1, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Meas- sles, cases reported	Mumps, cases reported	Pneu- monia, deaths re- ported		
			Cases, es- timated expectancy	Cases re- ported	Cases re- ported	Deaths re- ported					
MOUNTAIN—continued											
Colorado:											
Denver	280,911	28	11	5	1	23	1	10			
Pueblo	43,787	4	1	0	0	15	0	1			
New Mexico:											
Albuquerque	21,000	2	0	0	0	3	4	0			
Arizona:											
Phoenix	38,669	0	0	0	0	1	0	2			
Utah:											
Salt Lake City	130,948	22	3	8	0	2	61	0			
Nevada:											
Reno	12,665	0	0	0	0	0	5	0			
PACIFIC											
Washington:											
Seattle	(1)	22	4	2	0	58	39	—			
Spokane	108,897	6	2	0	0	1	0	—			
Tacoma	104,455	1	1	5	0	2	0	2			
Oregon:											
Portland	282,383	28	4	5	0	22	0	5			
California:											
Los Angeles	(1)	55	32	37	9	1	14	11	15		
Sacramento	72,260	4	1	3	0	2	0	3	2		
San Francisco	557,530	43	21	10	1	0	173	21	2		
NEW ENGLAND											
Division, State, and city											
	Scarlet fever	Smallpox			Typhoid fever			Whoop- ing cough, cases reported	Deaths, all causes		
Cases, es- timated expectancy	Cases re- ported	Cases, es- timated expectancy	Cases re- ported	Deaths re- ported	Tuber- culosis, deaths re- ported	Cases, es- timated expectancy	Cases re- ported			Deaths re- ported	
Maine:											
Portland	2	1	0	0	0	3	0	0	2	26	
New Hampshire:											
Concord	0	3	0	0	0	0	0	0	0	20	
Vermont:											
Barre	1	0	0	0	0	1	0	0	0	2	
Burlington	1	3	0	0	0	0	0	0	0	3	
Massachusetts:											
Boston	57	69	0	0	0	17	2	1	0	98	236
Fall River	4	3	0	0	0	1	1	0	0	6	32
Springfield	6	2	0	0	0	0	0	0	0	15	40
Worcester	9	—	0	—	—	0	—	—	—	—	—
Rhode Island:											
Pawtucket	1	0	0	0	0	1	0	0	1	20	
Providence	9	1	0	0	0	3	1	0	16	63	
Connecticut:											
Bridgeport	7	13	0	0	0	4	0	0	2	43	
Hartford	4	2	0	0	0	1	0	1	2	45	
New Haven	7	17	0	0	0	5	0	0	19	50	
MIDDLE ATLANTIC											
New York:											
Buffalo	19	10	0	0	0	7	0	0	42	154	
New York	263	224	1	0	2	123	11	8	2	1,535	
Rochester	16	20	0	0	0	4	0	0	20	85	
Syracuse	13	1	0	0	0	3	0	0	50	53	
New Jersey:											
Camden	3	7	0	0	0	0	1	0	0	0	27
Newark	22	23	0	0	0	4	0	0	34	104	
Trenton	2	6	0	0	0	2	0	1	1	0	47
Pennsylvania:											
Philadelphia	79	89	0	0	0	37	4	3	0	35	574
Pittsburgh	24	48	0	0	0	18	1	1	0	88	184
Reading	3	16	0	0	0	1	0	0	4	34	

* No estimates made.

* Pulmonary tuberculosis only.

City reports for week ended May 1, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Typhoid fever			Whooping cough, cases reported	Deaths, all causes	
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported	Tuberculosis, deaths reported	Cases, estimated expectancy	Cases reported	Deaths reported		
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	15	25	2	1	0	10	1	2	0	18	166
Cleveland	24	69	1	0	0	20	1	0	0	104	237
Columbus	7	23	1	0	0	5	0	0	0	0	83
Toledo	15	13	4	0	0	6	0	0	0	40	91
Indiana:											
Fort Wayne	3	13	2	0	0	3	0	0	0	2	37
Indianapolis	14	11	6	16	0	7	0	0	0	70	115
South Bend	4	8	1	0	0	0	0	0	0	11	17
Terre Haute	3	1	2	0	0	0	0	0	0	4	18
Illinois:											
Chicago	112	109	2	10	0	50	3	4	0	55	723
Peoria	3	2	0	0	0	1	1	0	0	12	24
Springfield	2	0	0	0	0	2	0	0	0	5	26
Michigan:											
Detroit	82	111	4	0	0	17	2	0	0	66	326
Flint	6	7	1	0	0	1	1	0	0	10	28
Grand Rapids	7	17	1	1	0	0	0	0	0	31	33
Wisconsin:											
Kenosha	3	0	1	0	0	0	0	0	0	3	7
Madison	4	7	1	0	0	0	1	0	0	2	12
Milwaukee	28	38	4	0	0	5	0	0	0	41	115
Racine	4	2	1	0	0	2	1	0	0	18	22
Superior	2	4	1	0	0	0	0	0	0	0	9
WEST NORTH CENTRAL											
Minnesota:											
Duluth	4	39	1	0	0	3	0	0	0	7	34
Minneapolis	29	65	9	0	0	4	1	0	0	1	111
St. Paul	23	39	5	0	0	3	1	1	0	26	60
Iowa:											
Davenport	2	5	4	0	0	0	0	0	0	3	—
Des Moines	8	6	3	0	0	0	0	0	0	0	—
Sioux City	3	1	2	0	0	0	0	0	0	0	—
Waterloo	1	2	1	0	0	0	0	0	0	11	—
Missouri:											
Kansas City	11	22	2	1	0	11	1	0	0	21	120
St. Joseph	2	11	0	0	0	2	0	0	0	0	23
St. Louis	33	167	4	3	0	11	2	1	0	0	260
North Dakota:											
Fargo	1	8	0	0	0	0	0	0	0	0	10
Grand Forks	1	0	0	0	0	0	0	0	0	0	—
South Dakota:											
Aberdeen	1	5	0	0	0	0	0	0	0	13	—
Sioux Falls	1	2	1	1	0	0	0	0	0	0	—
Nebraska:											
Lincoln	2	1	1	2	0	1	0	0	0	6	16
Omaha	4	68	7	11	0	1	0	0	0	4	52
Kansas:											
Topeka	3	13	1	0	0	1	0	1	0	0	15
Wichita	2	1	3	0	0	0	0	0	0	8	27
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	8	0	0	0	1	0	1	0	4	36
Maryland:											
Baltimore	29	33	1	0	0	19	2	2	1	37	232
Cumberland	1	1	0	0	0	0	0	0	0	2	16
Frederick	2	0	0	0	0	0	1	0	0	3	—
Dist. of Columbia:											
Washington	23	39	1	0	0	10	1	0	0	39	137
Virginia:											
Lynchburg	0	2	1	0	0	1	0	0	0	23	3
Norfolk	1	11	1	0	0	1	1	0	0	0	35
Richmond	2	9	0	0	0	5	1	0	0	2	63
Roanoke	1	4	1	2	0	1	0	0	0	2	15
West Virginia:											
Charleston	1	0	1	0	0	1	0	0	0	5	6
Huntington	0	1	1	0	0	1	0	0	0	0	23
Wheeling	2	2	0	0	0	1	1	0	0	0	17
North Carolina:											
Raleigh	0	0	1	1	0	0	0	0	0	13	6
Wilmington	0	0	1	0	0	0	0	0	0	4	5
Winston-Salem	0	5					0				

City reports for week ended May 1, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
SOUTH ATLANTIC—continued											
South Carolina:											
Charleston	0	0	0	0	0	2	0	0	0	0	27
Columbia	0	0	1	1	0	0	0	0	0	0	0
Greenville	1	0	1	1	0	1	0	0	0	2	9
Georgia:											
Atlanta	3	4	4	2	0	5	1	2	0	2	73
Brunswick	0	0	0	0	0	0	0	0	0	0	3
Savannah	1	0	0	0	0	2	0	0	0	0	25
Florida:											
Tampa	0	2	0	8	0	7	1	5	2	1	38
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	1	0	0	0	3	0	0	0	0	33
Louisville	5	9	1	1	0	4	1	1	0	7	99
Tennessee:											
Memphis	4	16	3	10	0	2	1	0	0	15	56
Nashville	2	3	1	1	0	3	0	0	0	3	47
Alabama:											
Birmingham	2	3	7	4	0	9	1	2	0	7	71
Mobile	0	9	1	0	0	2	1	0	0	0	19
Montgomery	1	1	1	3	0	0	0	1	0	0	5
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	1	1	0	0	0	0	0	0	2	—
Little Rock	0	9	0	0	0	0	0	1	0	1	—
Louisiana:											
New Orleans	4	17	2	7	1	18	2	1	0	4	115
Shreveport	0	2	2	0	0	1	0	1	0	0	25
Oklahoma:											
Oklahoma City	2	3	5	1	0	3	0	0	0	1	25
Tulsa	1	4	2	1	0	0	0	0	0	0	—
Texas:											
Dallas	2	2	2	14	0	5	1	0	0	21	51
Galveston	1	0	0	6	0	1	0	1	0	0	19
Houston	1	1	1	6	0	7	1	0	0	0	59
San Antonio	1	2	0	1	0	8	0	0	0	0	58
MOUNTAIN											
Montana:											
Billings	1	3	1	0	0	0	0	0	0	2	2
Great Falls	1	1	2	0	0	1	0	0	0	8	11
Helena	1	0	0	0	0	0	0	0	0	0	8
Missoula	1	1	1	0	0	0	0	0	0	0	6
Idaho:											
Boise	1	0	0	1	0	0	0	1	0	0	5
Colorado:											
Denver	11	14	2	0	0	13	0	1	1	51	85
Pueblo	1	2	0	0	0	0	1	0	0	0	12
New Mexico:											
Albuquerque	1	11	0	0	0	5	1	0	0	6	8
Arizona:											
Phoenix	0	—	0	0	0	1	—	0	0	0	17
Utah:											
Salt Lake City	2	3	1	3	0	3	0	0	0	105	25
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	3
PACIFIC											
Washington:											
Seattle	8	24	3	2	—	—	1	1	—	8	—
Spokane	3	13	6	0	—	—	0	1	—	7	—
Tacoma	2	4	1	11	0	2	0	0	1	13	25
Oregon:											
Portland	7	28	9	6	0	5	1	1	0	1	68
California:											
Los Angeles	16	20	3	19	1	33	1	2	0	5	239
Sacramento	1	2	0	1	0	3	0	2	0	0	28
San Francisco	13	18	3	5	1	15	1	4	1	0	169

City reports for week ended May 1, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts: Springfield.....	1	1	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York: New York.....	4	3	7	4	0	0	1	2	1
Pennsylvania: Philadelphia.....	0	0	1	0	0	0	0	0	0
Pittsburgh.....	1	1	0	0	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio: Cleveland.....	0	0	0	0	0	0	0	1	0
Columbus.....	0	0	0	2	0	0	0	0	0
Illinois: Chicago.....	0	0	1	0	0	0	0	0	0
Michigan: Detroit.....	1	0	1	2	1	0	0	0	0
WEST NORTH CENTRAL									
Minnesota: Minneapolis.....	0	0	1	1	0	0	0	0	0
Missouri: Kansas City.....	0	0	0	1	0	0	0	0	0
St. Louis.....	0	1	0	0	0	0	0	0	0
South Dakota: Aberdeen.....	0	0	0	0	0	0	0	1	1
SOUTH ATLANTIC									
Maryland: Baltimore.....	2	1	1	0	0	0	0	0	0
District of Columbia: Washington.....	0	0	1	1	0	0	0	0	0
Virginia: Lynchburg.....	0	0	0	0	0	1	0	0	0
South Carolina: Charleston.....	0	0	0	0	0	1	0	0	0
Georgia: Atlanta.....	0	0	0	0	0	2	0	0	0
EAST SOUTH CENTRAL									
Kentucky: Covington.....	0	0	0	0	0	0	0	0	0
Louisville.....	0	0	2	0	0	0	0	0	0
Tennessee: Memphis.....	0	0	0	0	0	1	0	0	0
Alabama: Birmingham.....	2	0	0	0	1	0	0	0	0
Mobile.....	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana: New Orleans.....	0	0	0	0	0	0	0	10	0
Shreveport.....	0	1	0	0	0	1	0	0	0
Texas: Dallas.....	0	1	0	0	1	0	0	0	0
MOUNTAIN									
Colorado: Denver.....	0	0	0	1	0	0	0	0	0
PACIFIC									
Washington: Spokane.....	6	0	0	0	0	0	0	0	0
California: Los Angeles.....	0	1	0	0	0	0	0	1	0
Sacramento.....	1	2	0	0	0	0	0	0	0
San Francisco.....	2	0	0	0	1	0	0	0	0

¹ Typhus fever, 1 case at Baltimore, Md.

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended May 1, 1926, compared with those for a like period ended May 2, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, March 28 to May 1, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925¹

DIPHTHERIA CASE RATES

	Week ended—									
	Apr. 4, 1925	Apr. 3, 1926	Apr. 11, 1925	Apr. 10, 1926	Apr. 18, 1925	Apr. 17, 1926	Apr. 25, 1925	Apr. 24, 1926	May 2, 1925	May 1, 1926
	170	126	152	117	155	110	155	118	132	109
103 cities										
New England	165	80	161	125	125	47	139	73	122	75
Middle Atlantic	240	145	219	125	227	118	217	162	212	114
East North Central	86	112	91	88	103	86	106	87	102	97
West North Central	213	156	219	200	163	241	181	178	195	200
South Atlantic	77	96	69	86	96	90	102	68	98	768
East South Central	21	31	32	121	42	47	37	26	37	73
West South Central	79	60	101	60	70	30	75	47	66	56
Mountain	120	146	102	118	231	191	250	82	111	118
Pacific	356	202	163	137	160	135	157	146	196	154

MEASLES CASE RATES

103 cities	537	1,695	510	1,784	564	1,760	620	1,790	550	1,721
New England	923	1,463	975	1,872	884	1,813	1,174	1,666	968	1,675
Middle Atlantic	731	1,847	677	1,760	811	1,600	779	1,503	731	1,417
East North Central	685	1,503	658	1,570	681	1,469	833	1,457	706	1,496
West North Central	74	2,391	56	3,240	88	3,309	98	4,079	76	3,968
South Atlantic	198	2,671	196	2,652	242	2,943	278	2,588	288	2,591
East South Central	63	3,063	32	3,218	80	2,781	173	3,445	184	2,885
West South Central	84	43	48	237	62	133	35	163	26	159
Mountain	213	555	55	419	259	528	213	1,074	518	365
Pacific	190	248	229	391	146	375	193	504	155	669

SCARLET FEVER CASE RATES

103 cities	394	1,206	353	1,274	329	307	348	283	297	1,293
New England	515	392	510	319	338	373	393	222	415	1,287
Middle Atlantic	434	210	358	176	341	187	335	201	322	221
East North Central	412	331	391	630	376	343	410	287	302	289
West North Central	713	774	627	833	631	806	671	883	502	867
South Atlantic	165	175	144	147	157	182	165	160	125	222
East South Central	242	231	257	176	210	156	236	228	242	171
West South Central	48	86	84	116	57	133	114	172	106	146
Mountain	268	146	250	100	305	173	388	209	324	218
Pacific	182	251	166	156	138	340	141	262	119	206

¹ The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925, and 1926, respectively.

Madison, Wis., and Covington, Ky., not included.

Covington, Ky., not included.

Worcester, Mass., and Winston-Salem, N. C., not included.

Worcester, Mass., not included.

Madison, Wis., not included.

Winston-Salem, N. C., not included.

Summary of weekly reports from cities, March 28 to May 1, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended—									
	Apr. 4, 1925	Apr. 3, 1926	Apr. 11, 1925	Apr. 10, 1926	Apr. 18, 1925	Apr. 17, 1926	Apr. 25, 1925	Apr. 24, 1926	May 2, 1925	May 1, 1926
103 cities	55	242	49	33	46	26	60	31	48	27
New England	12	0	2	0	0	0	2	0	0	0
Middle Atlantic	21	0	10	0	18	0	12	0	8	0
East North Central	22	17	21	18	25	14	37	22	29	19
West North Central	84	46	94	51	82	44	86	44	72	32
South Atlantic	46	41	40	68	50	43	75	47	60	29
East South Central	378	105	525	194	362	52	420	90	399	99
West South Central	44	90	48	133	13	95	40	112	31	146
Mountain	18	55	18	27	9	27	28	46	9	36
Pacific	243	348	141	137	155	137	251	140	196	102

TYPHOID FEVER CASE RATES

103 cities	8	10	9	7	11	7	16	8	17	9
New England	5	7	2	9	7	9	17	5	10	5
Middle Atlantic	4	8	9	5	11	7	14	8	22	6
East North Central	3	3	6	3	4	2	6	1	4	4
West North Central	2	8	2	10	2	4	6	6	12	6
South Atlantic	29	17	19	6	12	4	13	8	27	19
East South Central	16	33	16	11	32	0	74	26	42	21
West South Central	31	34	35	17	33	34	48	26	48	17
Mountain	0	36	18	18	37	9	28	0	0	18
Pacific	19	11	8	13	11	13	22	22	17	27

INFLUENZA DEATH RATES

96 cities	33	89	26	74	26	53	29	38	21	33
New England	34	109	31	83	26	52	29	40	19	39
Middle Atlantic	21	100	16	76	24	59	17	34	14	27
East North Central	36	110	25	81	23	67	31	42	21	46
West North Central	38	38	36	31	49	23	47	31	30	17
South Atlantic	27	58	25	58	10	43	40	30	25	29
East South Central	63	99	68	239	74	47	79	104	47	99
West South Central	34	109	44	71	10	57	24	66	29	28
Mountain	176	27	83	46	37	46	74	46	46	9
Pacific	23	21	11	14	25	21	11	4	11	11

PNEUMONIA DEATH RATES

96 cities	197	335	194	277	184	241	196	201	160	175
New England	242	468	204	359	109	303	180	234	144	194
Middle Atlantic	214	432	189	338	203	288	222	240	206	219
East North Central	171	321	178	245	178	232	199	191	138	152
West North Central	186	159	220	184	165	131	131	136	70	106
South Atlantic	219	289	223	235	217	207	180	205	160	174
East South Central	247	358	315	431	189	332	263	259	179	233
West South Central	160	198	160	170	92	194	150	137	121	161
Mountain	157	155	259	137	203	155	213	109	120	118
Pacific	142	57	105	149	87	117	131	71	113	75

¹ Madison, Wis., and Covington, Ky., not included.

² Covington, Ky., not included.

⁴ Worcester, Mass., and Winston-Salem, N. C., not included.

⁵ Worcester, Mass., not included.

⁶ Madison, Wis., not included.

⁷ Winston-Salem, N. C., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total.....	103	96	29,944,906	30,473,129	29,261,658	29,764,201
New England.....	12	12	2,176,124	2,206,124	2,176,124	2,206,124
Middle Atlantic.....	10	10	10,346,970	10,476,970	10,346,970	10,476,970
East North Central.....	16	16	7,481,656	7,655,436	7,481,656	7,655,436
West North Central.....	14	11	2,594,962	2,634,662	2,461,380	2,499,036
South Atlantic.....	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central.....	7	7	993,103	1,004,953	993,103	1,004,953
West South Central.....	8	6	1,184,057	1,212,057	1,078,198	1,103,905
Mountain.....	9	9	563,912	572,773	563,912	572,773
Pacific.....	6	4	1,888,142	1,934,084	1,434,245	1,460,144

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended April 24, 1926.—The following report for the week ended April 24, 1926, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva:

Ports	Plague				Cholera				Small-pox				Ports	Plague				Cholera				Small-pox			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths				
Bombay	2	0	0	0	29	17	0	0	0	0	0	0	Tsuruga	0	0	0	0	0	0	0	0	0	0	0	0
Madras	0	0	0	0	3	1	0	0	0	0	0	0	Hakodate	0	0	0	0	0	0	0	0	0	0	0	0
Rangoon	7	0	4	0	0	0	0	0	0	0	0	0	Keelung (Formosa)	0	0	0	0	0	0	0	0	0	0	0	0
Karachi	1	0	0	0	14	4	0	0	0	0	0	0	Fusan	0	0	0	0	0	0	0	0	0	0	0	0
Negapatam	0	0	0	0	0	0	0	0	0	0	0	0	Chemulpo	0	0	0	0	0	0	0	0	0	0	0	0
Burma	0	0	0	0	2	1	0	0	0	0	0	0	Dairen	0	0	0	0	0	0	0	0	0	0	0	0
Singapore	0	0	0	0	0	0	0	0	0	0	0	0	Antung	0	0	0	0	0	0	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0	0	0	0	0	0	0	Mukden	0	0	0	0	0	0	0	0	0	0	0	0
Penang	0	0	0	0	0	0	0	0	0	0	0	0	Changchun	0	0	0	0	0	0	0	0	0	0	0	0
Batavia	0	0	0	0	0	0	0	0	0	0	0	0	Adelaide	0	0	0	0	0	0	0	0	0	0	0	0
Surabaya	0	0	0	0	0	0	0	0	0	0	0	0	Brisbane	0	0	0	0	0	0	0	0	0	0	0	0
Samarang	0	0	0	0	0	0	0	0	0	0	0	0	Fremantle	0	0	0	0	0	0	0	0	0	0	0	0
Cheribon	1	0	0	0	0	0	0	0	0	0	0	0	Melbourne	0	0	0	0	0	0	0	0	0	0	0	0
Belawan Delli	0	0	0	0	0	0	0	0	0	0	0	0	Sydney	0	0	0	0	0	0	0	0	0	0	0	0
Palembang	0	0	0	0	0	0	0	0	0	0	0	0	Rockhampton	0	0	0	0	0	0	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0	0	0	0	0	0	0	Townsville	0	0	0	0	0	0	0	0	0	0	0	0
Makassar	0	0	0	0	0	0	0	0	0	0	0	0	Port Darwin	0	0	0	0	0	0	0	0	0	0	0	0
Menada	0	0	0	0	0	0	0	0	0	0	0	0	Broome	0	0	0	0	0	0	0	0	0	0	0	0
Banjermassin	0	0	0	0	0	0	0	0	0	0	0	0	Port Moresby	0	0	0	0	0	0	0	0	0	0	0	0
Balik-Papan	0	0	0	0	0	0	0	0	0	0	0	0	Auckland	0	0	0	0	0	0	0	0	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0	0	0	0	0	0	0	Wellington	0	0	0	0	0	0	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0	0	0	0	0	0	0	Christchurch	0	0	0	0	0	0	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	0	0	0	0	0	0	0	0	Invercargill	0	0	0	0	0	0	0	0	0	0	0	0
Timor Dilly	0	0	0	0	0	0	0	0	0	0	0	0	Noumea (New Caledonia)	0	0	0	0	0	0	0	0	0	0	0	0
Manila	0	0	0	0	0	0	0	0	0	0	0	0	Honolulu	0	0	0	0	0	0	0	0	0	0	0	0
Iloilo	0	0	0	0	0	0	0	0	0	0	0	0	Suez	3	1	0	0	0	0	0	0	0	0	0	0
Jolo	0	0	0	0	0	0	0	0	0	0	0	0	Tor (Quarantine Station)	0	0	0	0	0	0	0	0	0	0	0	0
Cebu	0	0	0	0	0	0	0	0	0	0	0	0	Alexandria	0	0	0	0	0	0	0	0	0	0	0	0
Zamboanga	0	0	0	0	0	0	0	0	0	0	0	0	Port Said	0	0	0	0	0	0	0	0	0	0	0	0
Bangkok	2	0	107	59	7	4	0	0	0	0	0	0	Port Sudan	0	0	0	0	0	0	0	0	0	0	0	0
Saigon and Cholon	0	0	23	20	0	0	0	0	0	0	0	0	Nombasa (Kenya)	0	0	0	0	0	0	0	0	0	0	0	0
Haiphong	0	0	0	0	3	0	0	0	0	0	0	0	Massowah	0	0	0	0	0	0	0	0	0	0	0	0
Tourane	0	0	0	0	2	1	0	0	0	0	0	0	Djibuti	0	0	0	0	0	0	0	0	0	0	0	0
Hongkong	0	0	0	0	1	4	0	0	0	0	0	0	Berbera	0	0	0	0	0	0	0	0	0	0	0	0
Shanghai	0	0	0	0	2	0	0	0	0	0	0	0	Mozambique	0	0	0	0	0	0	0	0	0	0	0	0
Amoy	0	0	0	0	6	2	0	0	0	0	0	0	Lourenco Marques	0	0	0	0	0	0	0	0	0	0	0	0
Nagasaki	0	0	0	0	1	0	0	0	0	0	0	0	Durban	0	0	0	0	0	0	0	0	0	0	0	0
Yokohama	0	0	0	0	2	0	0	0	0	0	0	0	East London	0	0	0	0	0	0	0	0	0	0	0	0
Simoneksi	0	0	0	0	0	0	0	0	0	0	0	0	Port Elizabeth	0	0	0	0	0	0	0	0	0	0	0	0
Moji	0	0	0	0	1	0	0	0	0	0	0	0	Cape Town	0	0	0	0	0	0	0	0	0	0	0	0
Kobe	0	0	0	0	0	0	0	0	0	0	0	0	Port Louis (Mauritius)	0	0	0	0	0	0	0	0	0	0	0	0
Osaka	0	0	0	0	0	0	0	0	0	0	0	0	Seychelles	0	0	0	0	0	0	0	0	0	0	0	0
Niligata	0	0	0	0	0	0	0	0	0	0	0	0													

CANADA

Communicable diseases—Week ended May 1, 1926.—The following table shows the number of certain communicable diseases reported in seven Provinces of Canada during the week ended May 1, 1926. The information was supplied by the Canadian Ministry of Health.

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever			2					2
Influenza	239	1			1			241
Lethargic encephalitis					1			1
Smallpox				14	18	1	8	41
Typhoid fever	1		13	7	1			22

CHILE

Typhoid fever—Typhus fever—January 1-15, 1926.—During the period January 1 to 15, 1926, 19 cases of typhoid fever with one death, occurring in seven localities, and 23 cases of typhus fever, occurring in four localities, were reported in the Republic of Chile. The distribution of the occurrence was reported as follows:

Locality	Typhoid fever	Typhus fever	Population	Locality	Typhoid fever	Typhus fever	Population
Achao		1	1,657	Ovalle	3		9,172
Ancud		2	4,295	Salamanca ¹		17	8,819
Coquimbo	3		15,438	San Javier	2		4,906
Curico	1		15,879	Talca	8		36,079
Linares	1		12,651	Valparaiso	1	3	182,422

¹ Commune.² Death.

COLOMBIA

Sanitary improvements—Buenaventura.—Improvements in sanitary conditions at Buenaventura, Colombia, have been reported as follows:

Hospital relief.—In March, 1926, a small hospital, of eight rooms, was opened. It was stated that there had been no hospital at Buenaventura previously. Medical service for the hospital is supplied by two physicians, one of whom is the chief of sanitation.

General sanitary improvement.—Work was begun, February 15, 1926, by a sanitary expert, under direction of the national director of public health of Colombia. The scope of the work includes extermination of rats, mosquitoes, and flies, and general cleaning. One foreman, four inspectors, and 24 laborers are employed.

Water and mosquitoes.—The general water supply of Buenaventura is rainwater collected from the roofs of houses, which are generally of corrugated iron. The water is conducted in metal gutters into metal barrels or drums, of which most houses have several. The rainfall is stated to be extremely heavy (400 inches per year). When

a shortage of water occurs water is brought by rail from the interior. The use of small fish in water barrels was found impracticable. It is stated that no malaria mosquitoes have been found in Buenaventura and that cases of malaria present there have been contracted elsewhere.

Mosquito destruction.—At the beginning of this work 25 per cent of the houses in Buenaventura were stated to harbor mosquitoes; the proportion is now stated at 4½ per cent. Fewer pupæ are stated to be found. Much screening has been done. Some difficulty was experienced with the owners of lighters who allowed water to collect on the lighters and thus furnish breeding places for mosquitoes. Fines have been imposed to suppress this practice.

Extermination of rats.—Progress has been made in rat extermination. On April 12, 1926, a small crematory was installed to burn garbage, thus depriving rats of food. A bonus is offered for every dead rat brought in. On April 14, 50 rats were brought in.

Soil pollution.—Very few houses are provided with facilities for removing human waste. This remains on the ground outside of houses until washed away by rain or high tides. A small canal leading to the sea admits water at high tide to areas in the rear of houses which do not abut on the sea. The soil is necessarily much polluted and, as the poorer part of the population go barefoot, there is much hookworm disease.

Dysentery.—The poorer natives dig holes in the ground for water for washing and even for drinking. Many cases of dysentery result. From February to April 15, 1926, 18 cases, with 4 deaths were reported. Work has been undertaken to pipe water from the interior into Buenaventura.

Extension of sanitary work.—Work is expected to be begun at Cali and other points in the Cauca Valley.

COSTA RICA

Communicable diseases—January–March, 1926.—Communicable diseases were reported in the Republic of Costa Rica, during the period January, February, and March, 1926, as follows:

Disease	January, 1926		February, 1926		March, 1926		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis			2	2	2	2	4	4
Chicken pox	1		1		2		4	
Diphtheria	2	1	2		5	2	9	3
Dysentery	22	17	14	12	12	11	48	40
Leprosy	1						1	
Lethargic encephalitis			1	1			1	1
Malaria	24	24	10	10	4	4	38	38
Paratyphoid fever	1	1	4	3			5	4
Scarlet fever					1		1	
Tetanus	12	10	3	3	22	22	37	36
Tuberculosis	56	49	35	30	45	35	136	114
Typhoid fever	9	2	9		17	5	35	7
Whooping cough	12	10	1		5		18	10

JAMAICA

Smallpox (reported as alastrim)—March 28—April 24, 1926.—During the period March 28 to April 24, 1926, there were notified in the Island of Jamaica, exclusive of Kingston, 111 cases of smallpox (reported as alastrim) and in Kingston two cases.

Other communicable diseases.—During the period under report other communicable diseases were reported in the Island as follows: Chicken pox, 72 cases; in Kingston, 5 cases; diphtheria, 1 case; tuberculosis, pulmonary, 27 cases; in Kingston, 7 cases; typhoid fever, 46 cases; in Kingston, 12 cases. Population of Jamaica, estimated, 1921, 858,118; population of Kingston, census 1921, 62,707.

PERU

Plague—March, 1926.—During the month of March, 1926, 93 cases of plague with 37 deaths were reported in Peru, occurring at 17 localities. The localities showing the largest numbers of cases were Chimbote, with 16 cases, 8 deaths, the occurrence being at country estates in the vicinity; Cascas and Trujillo with 15 cases and 5 deaths, each, and Contumazá, with 12 cases. In five localities plague was reported present; in two localities one case each was reported. For distribution of occurrence according to locality, see page 1014.

Sanitary improvements—Lima.—Under date of April 6, 1926, improvements in sanitary conditions in Lima and vicinity were ordered by the Bureau of Sanitation to be enforced as follows: Maintenance of moving-picture houses in good sanitary condition; medical relief, which was stated to be practically nonexistent in country districts, to be provided for workers on estates in the vicinity of Lima; and installation of crematory furnaces for destruction of city refuse.

SALVADOR

City improvements—San Salvador—1925.—The outstanding public improvement during the year 1925 at San Salvador, Republic of Salvador, was the completion of the work of sanitation and paving of the city. This constructive work was provided for in the year 1922, and included installation of sanitary and storm sewers, water supply, and paving of the streets with concrete and asphalt. In 1925 the program of improvement was enlarged to include installation of underground conduits for electric and telephone wires, enlargement and purification of the water supply, and the installation of water meters. The work was begun in 1924. In 1925 the surfacing was completed, all sections, practically, of the city being reached by smoothly paved streets. By the end of the year 30 per cent of the sanitary sewers provided for and 50 per cent of the storm-drainage

sewers were completed. The water supply of the city is to be increased to 30,000,000 liters daily. The daily supply has actually been increased by approximately 600,000 to 800,000 liters.

SIAM

Cholera—Bangkok—Summary, periods October 4—December 26, 1925, and December 27, 1925—March 13, 1926.—During the first-named period, 431 cases of cholera with 258 deaths, and during the second period, 386 cases with 249 deaths were reported at Bangkok, Siam. Population of city and suburbs, estimated, 745,640.

UNION OF SOUTH AFRICA

Further relative to plague—Orange Free State—March 21-27, 1926.—Continuance of plague in the Orange Free State, Union of South Africa, was reported during the week ended March 27, 1926, with 12 cases and 4 deaths. Of these, five cases with three deaths were Europeans, three of the cases being pneumonic in type and occurring in the same family. It was stated that isolation huts and special nurses had been sent to the infected area. For distribution of occurrence according to locality, see page 1014.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended May 21, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
India:				
Calcutta	Mar. 28-Apr. 3	37	30	
Madras	Apr. 4-10	1	1	
Rangoon	Mar. 21-Apr. 3	4	3	
Siam:				
Bangkok	Mar. 21-27	90	52	Oct. 4-Dec. 26, 1925: Cases, 431; deaths, 258. Dec. 27, 1925-Mar. 13, 1926: Cases, 386; deaths, 249.

PLAQUE

British East Africa:				
Kenya—				
Kisumu	Mar. 14-20	11		
Uganda	Jan. 1-31	109	101	
India:				
Madras Presidency	Mar. 14-20	69	41	
Rangoon	Mar. 21-Apr. 3	20	19	
Java:				
Batavia Province	Mar. 19-26	18	18	
Cheribon	Feb. 7-27		11	
Koeningen	do		102	
Pekalongan	Feb. 14-27		89	
Surabaya	Mar. 7-13	2	2	
Tegal	Feb. 21-27		10	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received During Week Ended May 21, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Peru.				March, 1926: Cases, 90; deaths, 37.
Barranca and Supo.	Mar. 1-31	4	6	
Cafeite.	do.	1		Present.
Caras.	do.		5	
Casas.	do.	15	4	
Chiclayo.	do.		4	
Chimbote.	do.	16	8	Country estates.
Chincha.	do.	14	5	
Contumasa.	do.	12		
Cutorvo.	do.		—	Present.
Lacramarca.	do.	6		
Mollendo.	do.	2	1	
Moro.	do.		—	Present.
Otuzco.	do.	1		
Pacasmayo.	do.	2	1	
Salaverry.	do.	5	2	
San Pablo.	do.		—	Present.
Trujillo.	do.	15	5	
Union of South Africa.				Mar. 21-27, 1926: Cases, 12; deaths, 4. (European cases, 5; deaths, 3.) Three cases (1 fatal), pneumonic.
Orange Free State—				
District—				
Grandfort.	Mar. 21-27	3	1	European, in same family Pneumonic.
Hoopstad.	do.	4	1	European, 1 fatal case.
Winburg.	do.	5	2	European, 1 case, 1 death.

SMALLPOX

Algeria:				
Alger.	Apr. 1-10	3		
Brazil:				
Para.	Mar. 7-20	2		
Rio de Janeiro.	Mar. 21-Apr. 3	55	26	
British East Africa:				
Kenya—				
Mombasa.	Mar. 14-20	1		
Tanganyika—				
Dar-es-Salaam.	Feb. 21-27	1		
Canada:				
Alberta.	Apr. 25-May 1	8		
Manitoba.	do.	18		
Ontario:				
Toronto.	Apr. 25-May 1	1		Apr. 25-May 1, 1926: Cases, 14.
Saskatchewan.				
Regina.	Apr. 25-May 1	2		Apr. 25-May 1, 1926: Cases, 1.
China:				
Amoy.	Mar. 22-Apr. 3		10	
Antung.	Mar. 21-Apr. 4	1		
Chungking.	Mar. 28-Apr. 3			Present.
Manchuria—				
Dairen.	Mar. 8-14	2		
Harbin.	Apr. 2-8	2		
Supingkai.	Apr. 1-3	1		
Shanghai.	Mar. 28-Apr. 3	1	3	South Manchurian Railway.
Swatow.	Apr. 4-10			Cases, foreign.
Chosen:				
Seishin.	Mar. 1-31	10	6	Present.
Egypt:				
Alexandria.	Mar. 5-18	2	1	
France:				
Paris.	Mar. 21-31	1	1	
Great Britain:				
England and Wales.	Apr. 11-24	343		
India:				
Bombay.	Mar. 21-27	33	13	
Calcutta.	Mar. 28-Apr. 3	33	31	
Madras.	Apr. 4-10	7	1	
Rangoon.	Mar. 21-Apr. 3	20	7	
Indo-China:				
Saigon.	Mar. 15-21	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received During Week Ended May 21, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Italy:				
Rome	Feb. 22-28	1		Occurring in the consular district.
Jamaica				Mar. 29-Apr. 24, 1926: Cases, 111, exclusive of Kingston. Reported as alastrim.
Japan:				Reported as alastrim.
Kingston	Mar. 28-Apr. 24	2		
Kobe	Apr. 11-17	2		
Taiwan Island	Mar. 21-31	3		
Yokohama	Mar. 28-Apr. 10	8	5	
Java:				Formosa.
Bantam Residency—				To Apr. 11, 1926: Cases, 58; deaths, 10.
Serang	Feb. 14-27	5		
Surabaya	Mar. 7-13	4	1	
Mexico:				Including municipalities in Federal district.
Aguascalientes	Apr. 18-24		1	
Guadalajara	Apr. 20-26		4	
Mexico City	Apr. 11-17	1		
San Luis Potosi	Apr. 25-May 1		4	
Portugal:				
Lisbon	Apr. 4-17	10		
Siam:				
Bangkok	Mar. 21-27	6	5	
Spain:				
Valencia	Apr. 18-21	1		
Straits Settlements:				
Singapore	Feb. 7-27	5		
Tunisia:				
Tunis	Apr. 11-20	1		

TYPHUS FEVER

Algeria:				
Algiers	Apr. 1-10	2		
Chile:				Jan. 1-15, 1926: Cases, 23.
Achao	Jan. 1-15	1		
Ancud	do	2		
Salamanca	do	17		
Valparaiso	do	3		
China:				
Antung	Mar. 20-Apr. 11	4		
Manchuria:				
Harbin	Apr. 2-8	1		
Greece:				
Saloniki	Mar. 16-22	2		
Poland				Jan. 11-Feb. 6, 1926: Cases, 185; deaths, 18. Occurring in district Krakow.

Reports Received from December 26, 1925, to May 14, 1926¹
CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen	October - November, 1925.	12	5	
French Settlements in India, India	Dec. 1-31	890	712	Oct. 18, 1925, to Jan. 2, 1926: Cases, 21,316; deaths, 12,371.
Calcutta	Nov. 1-28	101	89	
Do.	Dec. 6-26		54	Jan. 3-Feb. 6, 1926: Cases, 17,358; deaths, 10,050.
Do.	Dec. 27-Jan. 16		41	
Do.	Jan. 24-Mar. 27	427	387	
Madras	Nov. 15-Jan. 2	174	70	
Do.	Jan. 3-Apr. 3	144	89	
Rangoon	Nov. 8-Dec. 3	1	1	
Do.	Jan. 24-Mar. 20	9	6	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
Indo-China—				September-December, 1925: Cases, 11; deaths, 7.
Province—				
Annam	Sept. 1-30	2	2	
Cambodia	Dec. 1-31	2	1	
Cochin China	Sept. 1-Dec. 31	6	4	
Saigon	Jan. 4-17	2	2	
Tonkin	Sept. 1-Nov. 30	3	3	
Japan	Aug. 30-Oct. 17	409		
Do.	Oct. 25-Dec. 26	113		
Philippine Islands:				Including 100 square kilometers of surrounding country.
Manila	Nov. 9-Jan. 3	15	10	
Do.	Jan. 4-Mar. 6	3	27	
Province—				
Bataan	Nov. 30-Dec. 26	29	25	
Do.	Jan. 2-16	1	1	
Bantangas	Jan. 24-Feb. 20	13	13	
Bohol	Jan. 23-30	1	1	
Bulacan	Oct. 18-Nov. 7	92	64	
Do.	Nov. 23-Dec. 31	200	88	
Do.	Jan. 2-30	6	6	
Laguna	Nov. 23-Dec. 26	18	14	
Do.	Jan. 24-Feb. 6	5	6	
Leyte	Jan. 3-9	2	2	
Mindoro	Dec. 20-31	35	30	
Nueva Ecija	Nov. 30-Dec. 13	7	5	
Pampanga	Nov. 1-7	1	1	
Do.	Nov. 23-Dec. 31	113	85	
Do.	Jan. 2-Mar. 3	39	35	
Rizal	Sept. 27-Nov. 21	75	21	
Do.	Dec. 21-30	14	11	
Do.	Jan. 3-Feb. 20	80	30	
Romblon	Nov. 8-Dec. 13	27	14	
Russia	May-June	7		
Do.	July-August	4		
Siam:				
Bangkok	Oct. 4-Nov. 14	108	68	
Do.	Nov. 22-Dec. 26	270	149	
Do.	Dec. 27-Mar. 13	308	275	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam: Cases in coolie passengers.

PLAQUE

Argentina				
Buenos Aires	Jan. 24-30	1		
Azores:				
St. Michaels	Jan. 17-Apr. 3	9	4	
Belgium:				
Vilvorde	Dec. 1-8	1	1	
Brazil:				
Bahia	Nov. 8-Dec. 28	3	1	
Do.	Dec. 27-Jan. 30	4	2	
Santos	Dec. 8-21		2	
Sao Paulo	Reported Mar. 25	4	1	
British East Africa:				
Kenya:				
Kisumu	Nov. 22-Dec. 5	1	2	
Do.	Jan. 31-Feb. 27	4	3	
Uganda Protectorate	Sept. 1-Dec. 31	468	426	
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do.	Jan. 7	1	1	
Santa Cruz de Tenerife	Dec. 18-27	3		
Do.	Dec. 28-Feb. 1	3		
Celebes:				
Makassar	Dec. 20-Feb. 2	12	12	Netherlands East Indies.
Ceylon:				
Colombo	Nov. 15-Dec. 5	3	3	1 plague rodent.
Do.	Dec. 27-Jan. 16	2	2	
Do.	Jan. 24-Mar. 6	5	5	Feb. 14-20, 1926: Two plague rodents.
China:				
Nanking	Nov. 15-Mar. 27			Prevalent.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to May 14, 1926—Continued
PLAQUE—Continued

Place	Date	Cases	Deaths	Remarks
Ecuador:				
Ambato	Mar. 31	1	5	
Eloy Alfaro	Jan. 1-15	1	1	
Guayaquil	Nov. 1-Dec. 31	31	12	Rats taken, Nov. 1-Dec. 31, 1925, 49,370; rats found infected, 281.
Do.	Jan. 1-Mar. 31	62	27	Rats taken, Jan. 1-Mar. 31, 1926, 64,002; rats found infected, 543.
Recreo (country estate)	do	1	1	
Egypt				Jan. 1-Dec. 9, 1925: Cases, 138.
Alexandria	Mar. 10-18	2	1	
Beni Suef	Nov. 18	1	1	
Fayoum Province	Dec. 3-9	1	1	
Gharbia Province	Mar. 9-30	5	3	
Mina Province	Mar. 4	1	1	
Suez	Mar. 27	1	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piraeus.
Do.	Jan. 1-Mar. 31	25	4	
Herakleion	Feb. 4	1	1	On island of Crete.
Patras	Nov. 13-Dec. 12	4	1	
Hawaii Territory				1 plague-infected rodent found near Hamakua Mill Co.
Hawaii:				1 death suspected plague.
Honokaa	Mar. 16	2	1	
Kakuhihuela	Mar. 19	1	1	
Paauilo				
India:				
Bombay	Dec. 6-12	1	1	
Do.	Jan. 3-Feb. 20	2	8	
Do.	Mar. 7-13	4	2	
Calcutta	Dec. 6-12		1	
Karachi	Nov. 1-Dec. 19	4	3	
Do.	Feb. 21-Apr. 3	7	5	
Madras Presidency	Oct. 25-Nov. 7	75	41	
Do.	Nov. 15-21	35	22	
Do.	Dec. 20-26	108	64	
Do.	Jan. 3-Feb. 20	971	617	
Do.	Feb. 20-Mar. 13	189	115	
Rangoon	Oct. 25-Dec. 26	23	15	
Do.	Dec. 27-Mar. 20	93	83	
Indo-China:				September-December, 1925: Cases, 28; deaths, 26.
Province:				
Cambodia	Sept. 1-Nov. 30	13	13	
Cochin China	Sept. 1-Dec. 31	15	13	
Iraq:				
Bagdad	Dec. 13-Jan. 2	7	3	
Do.	Jan. 10-Mar. 13	75	44	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do.	Nov. 14-Jan. 1	315	297	
Do.	Jan. 2-Mar. 12	483	468	
Cheribon	Sept. 27-Oct. 17		166	
Do.	Nov. 15-Dec. 26		198	
Do.	Jan. 3-Feb. 6		8	
Djokjakarta	Oct. 20-Nov. 9			
Kediri	Dec. 7			
Koeniningan	Dec. 27-Jan. 16		114	Epidemic in 1 locality.
Pekalongan	Sept. 27-Oct. 17		42	Do.
Do.	Nov. 8-Dec. 26		232	
Probolinggo	Feb. 12			
Rembang	Oct. 20			
Surabaya	Oct. 11-Dec. 26	59	59	Epidemic. Port.
Do.	Dec. 27-Feb. 27	40	40	Do.
Tegal	Sept. 27-Oct. 17	6	6	
Do.	Nov. 8-Dec. 26		31	
Madagascar:				Nov. 1-December, 1925: Cases, 632; deaths, 563. Jan. 1-31, 1926: Cases, 611; deaths, 565.
Province:				
Ambositra	Dec. 16-31	9	7	
Do.	Jan. 1-15	2	2	
Fort Dauphin	Sept. 16-30	6	3	
Do.	Jan. 16-Feb. 15	2	2	
Itasy	Sept. 16-Oct. 30	20	20	
Do.	Nov. 16-Dec. 31	34	34	
Do.	Jan. 1-15	29	29	
Do.	Feb. 1-15	29	29	
Moramanga	Sept. 16-Dec. 31	49	48	
Do.	Jan. 1-Feb. 28	46	44	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Madagascar—Continued.				
Province—Continued.				
Tananaive				
Town—				
Tamatave (Port)	Sept. 16-Nov. 30	42	11	
Do.	Feb. 1-15	4	2	
Tananaive	Sept. 16-30	2	2	
Do.	Nov. 1-30	11	11	
Do.	Jan. 1-Feb. 28	19	19	
Mauritius Island	Sept. 20-Dec. 26	21	18	
Moca	Dec. 1-31	2	2	
Pamplemousses	Oct. 1-Nov. 30	3	2	
Port Louis	Oct. 1-Dec. 31	13	9	
Rivière du Rempart	October	2		
Nigeria	Aug. 1-Nov. 30	550	419	
Persia:				
Teheran	Oct. 21-Nov. 21		12	
Peru				
Huacho	Jan. 26	15		
Lima	Jan. 1-31	20		
Mollendo	do			12 or 15 cases reported unofficially.
Russia	May-June	67		
Do	July-October	166		
Senegal	September-October	45	25	
Siam	Aug. 23-Dec. 26	65	53	
Bangkok	Nov. 15-28	3	3	
Do	Jan. 3-30	38	33	
Do	Feb. 7-20	11	5	
Do	Feb. 28-Mar. 20	3	2	
Straits Settlements:				
Singapore	Nov. 1-Dec. 5	8	8	
Do	Jan. 3-9	2	2	
Syria:				
Beirut	Nov. 11-20	1		
Do	Jan. 21-31	1		
Union of South Africa				
Cape Province—				
Kimberley district	Dec. 13-19	1		Mar. 7-13, 1926: Cases, 3; European, 2.
Middleburg district	Dec. 6-12	1		
Steynsburg district	Nov. 15-21	1		European.
Winburg district	Feb. 21-27	1		Native. On farm.
Orange Free State				
Boshof district	Nov. 29-Dec. 5	1	1	Mar. 14-20, 1926: Cases, 4; deaths, 5, of 2 deaths were of Europeans and one native, previously reported as cases Mar. 7-13, 1926.
Bothaville district	Dec. 6-12	1	1	In native.
Hoopstad	Mar. 7-13	1		Native. On farm.
Kroonstad district	Mar. 14-20	1		European.
Winburg	do	5	2	Do.
On vessel:				
Steamship Cid.				Jan. 29, 1926. Plague rat. At Buenaventura, Colombia. Rat was killed while jumping ashore from vessel.

SMALLPOX

Algeria:				
Algiers	Nov. 21-Dec. 31	177		
Do	Jan. 1-10	64		
Do	Jan. 21-Mar. 20	72		
Arabia:				
Aden	Nov. 29-Dec. 5	1		Imported.
Do	Jan. 10-Mar. 6	10	1	
Argentina:				
Rosario	October		1	
Australia:				
Queensland—				
Brisbane	Dec. 9-15	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from December 26, 1925, to May 14, 1926—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Azores:				
Fayal Island	Feb. 2-Apr. 11			
Bahamas	Feb. 23			Present. Reported as alastrim. In Nassau district. Stated to have been imported.
Brazil:				
Manaus	Dec. 1-31		12	
Do.	Jan. 31-Feb. 20		6	
Para	Jan. 10-Mar. 6	28	6	
Rio de Janeiro	Nov. 1-25	134	72	
Do.	Dec. 6-26	65	26	
Do.	Dec. 27-Mar. 20	224	198	June 27, 1925-Mar. 20, 1926. Cases, 1,089; deaths, 580.
British East Africa:				
Kenya—				
Mombasa	Nov. 15-Dec. 19	14	6	
Do.	Dec. 27-Jan. 2	1		From mainland.
Uganda Protectorate	Sept. 1-Oct. 31	8	4	
British South Africa:				
Northern Rhodesia	Jan. 5-11	2		
Southern Rhodesia	Nov. 13-Dec. 23	3		
Canada				
Alberta				
Calgary	Dec. 13-19	1		
British Columbia—				
Vancouver	Jan. 4-Mar. 27	2		
Victoria	Mar. 21-27	2		
Manitoba				
Winnipeg	Dec. 13-19	2		
Do.	Jan. 3-Apr. 10	16	1	Jan. 3-Apr. 17, 1926: Cases, 52.
New Brunswick				
Northumberland	Dec. 6-13	1		
Ontario				
Admaston	Jan. 1-Feb. 1	16		Dec. 1-31, 1925: Cases, 32. Jan. 3-Apr. 17, 1926: Cases, 224.
Alice and Fraser	Feb. 1-28	6		Township.
King	do	7		Do.
Wilmot	do	6		Do.
Belleville	do	4		Do.
Kingston	Mar. 8-14	1		
Kitchener	do	26		
North Bay	Feb. 14-Mar. 14	7		
Ottawa	Dec. 6-12	2		
Do.	Jan. 3-Feb. 6	2		
Sarnia	Mar. 14-Apr. 17	4		
Toronto	Dec. 27-Jan. 2	1		
Do.	Jan. 3-Apr. 17	27		
Trenton	do	15		
Saskatchewan				Jan. 3-Apr. 17, 1926: Cases, 107.
Moose Jaw	Jan. 3-Mar. 20	2		
Regina	Jan. 24-Mar. 13	3		
Saskatoon	Feb. 14-20	1		
Ceylon:				
Colombo	Dec. 6-12	1		Port case.
Do.	Jan. 3-Feb. 6	5		
Chile:				
Punta Arenas	Dec. 13-26		8	
Do.	Dec. 27-Jan. 2		4	
China:				
Amoy	Oct. 25-Dec. 19		1	
Do.	Jan. 10-Mar. 20		16	
Antung	Dec. 7-20	2		Present.
Changsha	Feb. 21-27			Do.
Chungking	Nov. 15-27			Do.
Do.	Feb. 28-Mar. 27			Do.
Foochow	Nov. 1-15			
Hankow	Nov. 14-Dec. 26	4		
Do.	Jan. 10-Mar. 6	3		
Hongkong	Nov. 22-Dec. 26	4		
Do.	Jan. 3-Mar. 20	13	5	
Manchuria—				
An-shan	Dec. 6-12	1		
Do.	Jan. 10-Mar. 20	9		
Changchun	do	21		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria—Continued.				
Dairen	Oct. 19-Dec. 27	73	15	
Do.	Dec. 28-Mar. 7	77	24	
Fushun	Jan. 17-Mar. 31	3		
Harbin	Jan. 1-Mar. 18	10		
Kai-yuan	Jan. 10-30	4		
Kungchuling	Jan. 31-Feb. 20	2		
Lio-yang	Jan. 17-Mar. 20	5		
Mukden	Oct. 24-Nov. 15	1		
Do.	Jan. 24-Feb. 27	4		
Suping Kai	Mar. 14-20	1		
Tieh-ling	Oct. 26-Nov. 15	2		
Nanking	Nov. 21-Dec. 26	-		
Do.	Dec. 27-Apr. 10			Present.
Shanghai	Oct. 25-Jan. 2	37	36	Do.
Do.	Jan. 3-Mar. 13	56	131	
Swatow	Nov. 22-Apr. 3			Cases, foreign only.
Tientsin	Nov. 1-Dec. 19	2		Prevalent.
Do.	Jan. 23-Feb. 27	2		
Chosen:				
Seishin	Jan. 1-Feb. 28	48	27	
Egypt:				
Alexandria	Dec. 3-31	5	2	
Do.	Jan. 8-14	2	1	
Do.	Jan. 29-Mar. 4	22	6	
Cairo	Dec. 25-31	14		
Do.	Jan. 1-7	3		
Port Said	Feb. 26-Mar. 4	1		
Estonia				
France				
Havre	Jan. 25-31	-	9	
Paris	Mar. 1-20	9	1	
Gold Coast	September, December	58	5	
Great Britain:				
England and Wales				
Hull	Dec. 27-Jan. 23	29		
Do.	Feb. 7-Mar. 27	9		
Leeds	Jan. 14-Feb. 6	4		
London	Jan. 31-Feb. 6	-	1	
Newcastle-on-Tyne	Nov. 29-Dec. 19	6		
Do.	Dec. 27-Apr. 10	40	1	
Nottingham	Nov. 22-Dec. 20	9		
Do.	Dec. 27-Mar. 13	6		
Sheffield	Nov. 22-Dec. 12	7		
Do.	Dec. 20-26	3		
Do.	Dec. 27-Mar. 20	18		
South Shields	Feb. 9	-		
Greece				
Athens	Nov. 1-Dec. 31	18	1	
Do.	Jan. 1-Mar. 31	87	6	
Kalamata	Mar. 1-7	1		
Saloniki	Feb. 16-Mar. 15	-	2	
Guadeloupe (West Indies)				
India				
Bombay	Nov. 8-Dec. 26	26	20	
Do.	Dec. 27-Mar. 20	227	122	
Calcutta	Nov. 8-Dec. 26	48	25	
Do.	Dec. 27-Mar. 27	587	366	
Karachi	Nov. 1-21	23		
Do.	Nov. 29-Dec. 5	4	2	
Do.	Dec. 13-19	3		
Do.	Dec. 20-Apr. 3	102	32	
Madras	Nov. 15-Dec. 26	17	5	
Do.	Dec. 27-Apr. 3	128	23	
Rangoon	Oct. 25-Nov. 28	3		
Do.	Dec. 6-26	4	1	
Do.	Dec. 27-Jan. 16	13	1	
Do.	Jan. 24-Mar. 6	70	17	
Indo-China				
Province—				
Annam	Sept. 1-Dec. 31	232	44	September-November, 1925; Cases, 346; deaths, 86.
Cambodia	do	84	34	
Cochin China	do	106	51	
Saigon	Dec. 21-27	2	1	
Do.	Jan. 1-Mar. 7	11	1	
Tonkin	Sept. 1-Dec. 31	153	2	Including 100 kilometers of surrounding country.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Iraq:				
Bagdad	Nov. 1-Dec. 26	19	15	
Do.	Dec. 27-Mar. 13	20	11	
Basra	do	52	42	Sept. 6-Oct. 17, 1925: Cases, 81; deaths, 40.
Italy:				
Catania	Feb. 15-28	1	1	Aug. 2, 1925-Jan. 2, 1926: Cases, 52. Jan. 3-16, 1926: Cases, 12.
Genoa	Jan. 21-Feb. 10	4		
Rome	Oct. 12-25	1		
Jamaica				
Kingston	Nov. 29-Dec. 26	43		Nov. 29-Dec. 26, 1925: Cases, 95.
Do.	Dec. 27-Jan. 30	48		Dec. 27, 1925-Apr. 3, 1926: Cases, 425. Reported as alastrim.
Do.	Feb. 28-Mar. 27	34		Reported as alastrim.
Do.				Do.
Japan:				Do.
Kobe	Mar. 14-20	1		
Nagasaki	Feb. 15-21	1		
Taiwan	Nov. 11-Dec. 10	3		
Yokohama	Dec. 14-20	1		
Do.	Feb. 23-Mar. 27	59	6	
Java:				
Batavia	Oct. 24-Dec. 25	8		
Do.	Feb. 20-Mar. 5	5		
Buitenzorg	Nov. 29-Dec. 5	1		
Cheribon	Nov. 8-Dec. 12	2		
Do.	Jan. 31-Feb. 6		1	
Kraksaan	Oct. 11-17	11		
Malang	Oct. 11-Dec. 26	2		
Do.	Dec. 27-Jan. 16	3	2	
North Bantam	Oct. 4-17	4		
Pekalongan	Oct. 25-31	1		
Pontianak	Jan. 31-Feb. 6		1	
Probolinggo	Oct. 11-17	1		
South Bantam	do	1		
Surabaya	Oct. 11-Dec. 26	633	104	
Do.	Dec. 27-Feb. 13	131	40	
Tegal	Oct. 4-10	9	1	
Latvia				December, 1925: Cases, 3.
Malta	Nov. 1-Dec. 21	21	3	
Do.	Jan. 1-Feb. 28	20		
Mexico:				July-September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13-Jan. 2	4	3	
Do.	Jan. 3-30		7	
Do.	Feb. 14-Apr. 17		1	
Durango	Dec. 1-31		1	
Do.	Jan. 1-31		2	
Guadalajara	Dec. 27-Apr. 19		17	
Mexico City	Nov. 28-Dec. 5	1		Including municipalities in Federal District.
Do.	Jan. 3-Apr. 10	9		Do.
Saltill	Apr. 4-10	1		
San Luis Potosi	Jan. 17-Mar. 20		53	
Do.	Mar. 28-Apr. 24	15	18	
Tampico	Dec. 21-Jan. 2	1	1	
Do.	Jan. 2-Mar. 10	8		
Torreón	Nov. 1-Dec. 31		51	
Do.	Jan. 1-Mar. 31		65	
Vera Cruz	Mar. 29-Apr. 4	5	1	
Netherlands:				
The Hague	Jan. 30-Mar. 6	2	1	August-November, 1925: Cases, 347; deaths, 6.
Nigeria				
Palestine:				
Hebron	Jan. 26-Feb. 1	2		
Tiberias	Feb. 9-15	1		
Persia:				
Teheran	July 23-Dec. 22		775	
Do.	Dec. 23-Feb. 19		99	
Peru:				
Arequipa	Oct. 1-Dec. 31		2	
Poland				Nov. 1-28, 1925: Cases, 9. Jan. 1-16, 1926: Cases, 4.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Portugal:				
Lisbon:	Oct. 4-31	124		
Do.	Nov. 16-Dec. 27		60	
Do.	Nov. 14-Dec. 26	187		
Do.	Dec. 27-Mar. 27	116	29	
Oporto:	Nov. 22-Dec. 19	2	3	
Do.	Dec. 27-Mar. 6	3	1	
Rumania:	August—October	3		
Russia:	July—October	1,563		May—June, 1925: Cases, 2,333.
Do.				
Siam:				
Bangkok:	Dec. 20-25	3	1	
Do.	Dec. 26-Mar. 6	81	37	
Do.	Mar. 14-20	8	7	
Sierra Leone:				
Konno district:	Dec. 16-31	5		
Spain:				
Madrid:	Year 1925		18	
Do.	Jan. 1-31		1	
Malaga:	Nov. 29-Dec. 5		2	
Do.	Dec. 27-Jan. 2		1	
Valencia:	Dec. 20-26	1		
Do.	Dec. 27-Jan. 2	1		
Do.	Jan. 10-Feb. 6	9		
Do.	Feb. 14-Apr. 17	11		
Straits Settlements:				
Penang:	Mar. 28-Apr. 3		1	
Singapore:	Dec. 20-26	1		
Do.	Jan. 10-16	2	1	
Sumatra:				
Medan:	Feb. 14-27	2		
Switzerland:				
Lucerne:	Oct. 1-Nov. 30	8		June 23-Nov. 21, 1925: Cases, 62;
Do.	Jan. 1-31	5		Dec. 27, 1925-Jan. 30, 1926:
Zurich:	Dec. 27-Jan. 2	1		Cases, 37.
Trinidad (West Indies):				
Port of Spain:	Jan. 1-Apr. 3	12		
Tunisia:				
Tunis:	Nov. 21-30	2		
Do.	Dec. 11-31	10	1	
Do.	Jan. 1-Feb. 20	6		
Union of South Africa:				
Cape Province:	Jan. 17-23			Outbreaks.
Orange Free State—				
Kuruman district:	Jan. 10-16			Do.
Ladybrand district:	Dec. 27-Jan. 2			Do.
Transvaal—				
Belfast district:	do			Do.
Germiston district:	Jan. 2-9			Do.
Pretoria district:	Dec. 6-12			Outbreaks. In native compound.
On vessel	Feb. 21	2		Mexican steamer Montezuma, at Port of Ensenada, Mexico.

TYPHUS FEVER

Algeria:				
Algiers:	Nov. 1-Dec. 20	2		
Do.	Jan. 1-Mar. 31	11		
Argentina:				
Rosario:	Oct. 12-Dec. 31	2		
Bulgaria:	Sept. 1-Dec. 31	50	3	
Sofia:	Dec. 25-31	1		
Do.	Jan. 8-14	2		
Canary Islands:				
Santa Cruz de Teneriffe	Mar. 8-14	1		
Chile:				
Achao:	Dec. 15-31	1		Dec. 15-31, 1925: Cases, 45.
Antofagasta:	April 1-17	1		
Buines:	Dec. 15-31	1		
Chillan:	do	24		
Concepcion:	do	6		
Linares:	do	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Chile—Continued.				
Los Angeles	Dec. 15-31	5		
do	do	2		
Penco	do	1		
San Carlos	do	1		
Talca	do	1		
Valparaiso	Nov. 29-Jan. 2	5		
do	Mar. 21-27	1	2	
China:				
Antung	Nov. 29-Dec. 27	5	1	
do	Jan. 4-Mar. 14	11		
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-Feb. 4	3		
Shanghai	Mar. 14-20	1		
Czechoslovakia	October-December	146	1	
Egypt:				
Alexandria	Jan. 8-Feb. 25	2		
Cairo	Nov. 5-Dec. 16	3	2	
Port Said	Nov. 19-25	1		
do	Mar. 12-18	1		
Jan. 1-31		6		
Estonia				
Finland				October, 1925: 1 case.
France				December, 1925: Cases, 12.
Greece				
Athens	Nov. 1-30	11	2	
do	Jan. 1-Mar. 31	45	9	
Saloniki	Dec. 29-Jan. 4	1		
do	Feb. 2-8	1		
Hungary				November-December, 1925: Cases, 16.
Ireland:				
Cork County—				
Cork	Dec. 26-Jan. 1	2		
do	Jan. 2-8	5		
Dumanway	Nov. 14	1		
Galway County	Oct. 17	1		
Kerry County—				
Listowel	Mar. 7-13	1		Rural district.
Wexford County—				
Gorey	do	1		Do.
Latvia	October-December	12		
Riga	Oct. 1-31	2		
Lithuania				
Mexico				
Aguascalientes	Dec. 14-19	1		
Durango	Dec. 1-31		1	
do	Jan. 1-31	1		
Guadalajara	Dec. 8-28		2	
do	Dec. 29-Jan. 4		1	
Mexico City	Nov. 22-Dec. 26	50		Including municipalities in Federal District.
do	Dec. 27-Mar. 20	89		Do.
do	Mar. 28-Apr. 10	11		Do.
San Luis Potosi	Feb. 6-13		1	
Tampico	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Vera Cruz	Feb. 12		1	
Morocco				
Norway	August-December	93		November-December, 1925: Cases, 2.
Palestine:				
Ekron	Mar. 30-Apr. 5	1		
Gaza	Dec. 18	1		
Haifa	Mar. 16-22	1		
Jaffa	Dec. 1-7	1		
do	Feb. 23-Mar. 1	1		
Nazareth	Nov. 3-9	1		
Ramleh	Mar. 16-22	1		
Safad	Nov. 24-30	1		
Tel-Aviv	do	1		
do	Mar. 9-15	1		
Tiberias	do	2		
Peru:				
Arequipa	October-December		3	
do	Feb. 1-Mar. 31	2		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from December 26, 1925, to May 14, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Poland	Oct. 11-Jan. 2	462	44	
Do.	Jan. 3-16	190	14	
Rumania				July-October, 1925: Cases, 181; deaths, 22.
Constantza	Feb. 1-Mar. 10	2		
Russia				May-June, 1925: Cases, 10,680.
Do.				July-October, 1925: Cases, 6,035.
Tunisia:				
Tunis	Mar. 21-31	3		
Turkey:				
Constantinople	Jan. 24-30	3		
Do.	Feb. 9-22	5	3	From unofficial sources (press). October, 1925: Cases, 88; deaths, 7 (colored). Cases, European, 7. December, 1925: Cases, 78; deaths, 9. Colored: Cases, 73; deaths, 9. January-February, 1926: Cases, 163; deaths, 28.
Union of South Africa				Colored.
Cape Province	Oct. 1-31	63	5	
Do.	Nov. 8-Dec. 31	47	8	
Do.	Jan. 1-Feb. 28	126	20	Do.
Grahamstown	Jan. 24-30	2		
Middleburg district	Dec. 6-12	1		
Natal	Oct. 1-Dec. 5	1		European. On farm.
Do.	Jan. 1-Feb. 28	11	1	Colored.
Durban	Jan. 3-Mar. 6	4		
Orange Free State	Nov. 29-Dec. 5	23	1	
Do.	Dec. 1-31	8	1	
Do.	Jan. 1-Feb. 28	8	3	Do.
Bethulie district	Dec. 6-12			Outbreaks.
Bothaville district	Do.	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do.	Dec. 1-31	18		
Do.	Feb. 1-28	8	4	
Johannesburg district	Mar. 1-20	3		
Bloemhof district	Dec. 27-Jan. 2			
Yugoslavia				Outbreak. On farm. Jan. 1-Feb. 21, 1926: Cases, 81; deaths, 12.

YELLOW FEVER

Gold Coast	Sept. 1-Dec. 31	4	3	
Nigeria	August-October	3	2	
Senegal	November, 1925	3	2	